



**Application for Dissertation Training Programme 2019**

**Name** : \_\_\_\_\_

**Date of Birth** : \_\_\_\_\_ **Gender:** \_\_\_\_\_

**University/ College** : \_\_\_\_\_

**Affiliated to** \_\_\_\_\_



**Degree Completed/ Pursuing:** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**Contact Address** : \_\_\_\_\_

\_\_\_\_\_

**Contact no.** : \_\_\_\_\_

**E-mail ID** : \_\_\_\_\_

**Why do you wish to apply for training at CSIR IIIM-TBI? (Word limit: 50 words)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Area of Interest for Dissertation Training Programme (Please select ONLY ONE):**

- |   |  |
|---|--|
| <input type="checkbox"/> cGMP Herbal Drug Formulation                 | <input type="checkbox"/> Microbial Biotechnology                 |
| <input type="checkbox"/> Fermentation Technology                      | <input type="checkbox"/> Herbal Drug Pilot Plant                 |
| <input type="checkbox"/> Quality Control/ Quality Assurance           | <input type="checkbox"/> GLP Animal Facility                     |
| <input type="checkbox"/> Plant Biotechnology                          | <input type="checkbox"/> Kilo lab facility for complex chemistry |
| <input type="checkbox"/> Natural Product Chemistry/ Organic Chemistry |  |

**Desirable duration of the Dissertation Training Programme:**

Please specify your date of Joining the Programme: (DD/MM/YYYY)

From: \_\_\_\_\_ To: \_\_\_\_\_

**Academic Record** :

Degree	Name of University/College	Year of Passing	Marks (in %)
12 <sup>th</sup>			
Graduation			
Post-Graduation			

**Accommodation request**

Yes

No

**(on separate payment basis):**

If yes,

From: \_\_\_\_\_

To: \_\_\_\_\_

(DD/MM/YY)

(DD/MM/YY)

**Please attach scanned copy of the following documents with this application:**

- Letter of approval duly addressed to “The coordinator, Technology Business Incubator, CSIR-IIIM, Jammu”, duly signed by the authorized personnel of the university/college for this training programme.
- Mark sheets of previously completed semesters/degree.

I hereby declare that the information furnished above is true to the best of my knowledge and belief.

(Signature of the candidate with date)

**Please email scanned copies of duly filled application form and required documents by 20<sup>th</sup> October, 2018 to shreya@biotech.co.in**