



सीएसआईआर-एकीकृत कौशल विकास CSIR-Integrated Skill Development Initiative के अंतर्गत आयोजित आवासीय प्रशिक्षण कार्यक्रम Residential Training Program



Training on

**Advanced Instrumentation & Analytical Techniques for Natural Products [AIAT-24]
[15 –19 January 2024]**

APPLICATION FORM

Candidate's Name (in capital letters): _____

Address for Correspondence: _____

Date of Birth: _____ **Gender (M/F):** _____

Mobile No.: _____ **Alternate Mobile No.:** _____

E-mail id: _____ **Educational Qualification:** _____

Field of Specialization: _____

University/Organization: _____

Statement of Purpose (around 50-80 words):

Training fee submission detail:

Account No.	: 30267691783
Account holder	: Director, CIMAP, Lucknow
Bank Address	: State Bank of India, Main Branch, Hazaratganj, Lucknow
Branch Code	: 000125
IFSC code	: SBIN0000125
MICR code	: 226002002

Students: INR 7,500/-
Faculty/Industries/Institution sponsored: INR 15,000/-

_____ (Draft/ detail)

_____ (Online transfer detail)

Participant's Declaration: I shall fully involve myself in the training activities as participant during the whole period.

(Signature of Applicant)

Date: _____

Place: _____

Recommendation of supervisor /Head of department (please state the suitability of the candidate to the training and its utility to the organization)

[Signature & Seal of the Supervisor/Head of Department]

Date: _____

Place: _____

Note: Kindly email the dully filled form along with recommendation letter by Research supervisor/Head of Department/ Institution to k.shanker@cimap.res.in or neerjatiwari@cimap.res.in.

Contact Persons: Dr. Karuna Shanker (9415329718) / Dr. Neerja Tiwari (8447654304);