



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



**FIVE DAYS Training on Practical Aspects of Liquid Chromatography  
Techniques [PALCT-2023]**

**[20 November – 24 November, 2023]**

**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:**

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

**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

\_\_\_\_\_  
(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/Institute)

[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](mailto:k.shanker@cimap.res.in) or [neerjatiwari@cimap.res.in](mailto:neerjatiwari@cimap.res.in).

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