



Uttarakhand Council for Biotechnology(UCB)

(Department of Biotechnology, Government of Uttarakhand)

Biotech Bhawan, Haldi-263146, U. S. Nagar, Uttarakhand



APPLICATION FORM FOR DISSERTATION / SHORT-TERM TRAINING PROGRAMME

(Candidate should fill this form in his /her own hand writing in capital letters only.
Application should be addressed to the Director and should be sent/submitted to the office)

- 1. Name of the Candidate:** _____
 - 2. Father's/Husband's Name:** _____
 - 3. Date of Birth (DD/MM/YYYY) :** _____
 - 4. Nationality: :** _____
 - 5. Sex:** _____ (Male/Female)
 - 6. Institute / College/ University:** _____
 - 7. Name of the Course(With discipline/branch/specialization) :** _____

 - 8. Year/Semester of the Course:** _____
 - 9. Subject/ area in which training is required:** _____
 - 10. Period requested for Training:**
Duration _____ to _____ (DD/MM/YYYY)
 - 11. Address for Communication:** _____

- Phone No.:** _____ **Mobile No.:** _____
- E-mail:** _____

13. Educational Qualifications (Enclose attested copies of certificates):

S. No.	Examination Passed	Board / University / Institution	Year of Passing	% Marks	Class/ Division	Major Subjects / Specialization
1						
2						
3						
4						
5						

DECLARATION

Icertify that all information supplied by me as above is true and correct to the best of my knowledge and belief. I also promise that during the training program, I will abide by the UCB rules and regulations and I shall not disclose any information of the Institute/council to the outside agency.

Date: _____

(Signature of Candidate)

Place: _____

Name _____

FORWARDED BY THE HEAD OF THE DEPARTMENT / INSTITUTION

This is to certify that:

(i) The particulars furnished by Shri/Smt./Km./Dr. _____ are correct, as per records.

(ii) There is no disciplinary proceedings either pending or contemplated against him/her.

Signature with seal

Head of Department/Institution