



UTTARAKHAND COUNCIL FOR BIOTECHNOLOGY

(Dept. Of Agriculture, Govt. Of Uttarakhand)

Biotech Bhavan, Haldi, Pantnagar - 263145

U.S. Nagar, Uttarakhand

E-mail - statebiotech@rediffmail.com

APPLICATIONS INVITED FOR THE SIX MONTHS DISSERTATION TRAINING PROGRAM

Applications are invited for the six months dissertation training program in the field of Biotechnology / Microbiology / Allied Subjects for the last semester of post graduate (M.Sc.) students. Last date to apply for the dissertation training program is 15 / 12 / 2021, after that applications received will not be considered. Therefore, please send the duly filled application form (hard copy) forwarded through the competent authority / principal / HOD to the council address. The council has right to reject the application of any candidate without assigning any reason.

The probable date of commencement of dissertation training program is 10/01/2022. Selected candidates will be informed through email/phone in this context, after that they can start their dissertation training program in the concern laboratories of the council.

Signature
12/11

Signature



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