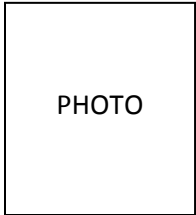




**CENTER FOR MICROBIOLOGY AND BIO-TECHNOLOGY
RESEARCH & TRAINING INSTITUTE**



REGISTRATION FORM

Name

Date of birth / / (DD/MM/YYYY)

Blood Group

Gender

Purpose of registration P.G. Dissertation/ Training / Work/ other

Father/ Husband Name

Marital status

Nationality

Occupation Student / Employed/ Other (Specify)

Current organization

Highest Qualification

Current address

..... PIN

Permanent address

..... PIN

Contact No.

e. mail.

Declaration

I, the programme applicant, declare that all the information on this form is true and complete. I promise that I will abide by all the regulations of the CMBT.

Date / /

Signature

Checklist for enclosure

- 1. Completed form
- 2. Updated CV
- 3. Handwritten application/ covering letter

For office use only

Registration No.
Date
Commencement from

Sign, name and designation of approving authority