



# 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**

I .....certify 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 \_\_\_\_\_

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**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*