

**RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY
REGIONAL FACILITY FOR DNA FINGERPRINTING**

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APPLICATION FOR TRAINING IN DNA FINGERPRINTING

1	Name of the Trainee	Mr./Ms.
2	Address for correspondence (with pincode) E-mail ID (applications will not be processed without E-mail ID) Telephone Numbers	Landline: Mobile:
3	Permanent Address (if different from above)	
4	Age & Date of Birth	
5	Nationality	
6	Current Position (Education/Employment)	

7. Educational background (Minimum qualification is a Bachelor's Degree or Equivalent in any area of biological sciences)

Sl No.	Examination	Year of passing	Institution/ Board & Place	Subject	Percentage
1	SSLC/10 th				
2	HSC/12 th				
3	B.Sc./B.V.Sc./ B.Sc. (Agri)				
4	M.Sc./M.V.Sc./ M.Sc. (Agri)				
5	Any other degree/diploma (specify)				

8. Training Programme (see the 'Current Training Programme' for details)

(Application should be forwarded by the Head of the concerned FSL if applying for Scheme 1)

(√ required scheme/schemes)

(i) Scheme I

(ii) Scheme II

(iii) Scheme III

9. Desirable Training Period: From

To

10. Training Fee (see the 'Current Training programme' for details): All applications shall be scrutinized and selected candidates shall be intimated within 10 days of receiving the applications. Selected candidates should pay full training fee in advance. Fee can be paid by demand draft in favour of The Director, Rajiv Gandhi Centre for Biotechnology payable at Thiruvananthapuram or paid in cash at the RFDF cash counter. The training fee paid will not be refunded once the application is processed.

11. List of essential enclosures:

1. Attested copy of proof of date of birth
2. Attested copies of mark lists and degree certificates

12. Personal Statement: Please describe (in 50 words) in the space provided below (in your own handwriting) as to why you are interested for training on DNA fingerprinting/barcoding

13. Declaration: I hereby declare that all the information provided above is correct to the best of my knowledge. I shall produce all the original documents for verification before enrolling for training. In the event of any information that I provided being subsequently shown to be false, I understand that I will be removed from the traineeship and RGCB reserves the right to take appropriate legal procedures deemed fit to it.

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(Signature of the applicant)

Place:

Name:

Date :

Signature and seal of Head of FSL if applying for Scheme 1

For office use only

Application No. :

Scheme/Combination :

Actual Training period :

Status : Accept / Reject

Scrutinized by :

Recommended and
forwarded by :

Director's Approval :

Date :

Payment Details

Amount Paid:

Demand Draft No. / RFDF Cash Receipt No.

dated drawn on

(Name of the bank, if DD).

Enrol Details

Joined for Training on FN/AN of

Completed Training on FN/AN of and

Received the Training Certificate on

(Signature of Chief Scientific Officer, RFDF)

(Signature of the Trainee)

Name: