

RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY (RGCB)

APPLICATION FOR SHORT TERM TRAINING

1. **NAME OF APPLICANT** -----

2. **COLLEGE & UNIVERSITY** -----

3. **COURSE & YEAR** -----

PHOTO
(ATTESTED
BY
HOD/PRINCIPAL)

4. **DURATION OF TRAINING REQUESTED (TICK IN THE SPACE PROVIDED)**

ONE MONTH	TWO MONTHS	THREE MONTHS	THREE TO SIX MONTHS	MORE THAN SIX MONTHS

5. **HAS ANY RGCB SCIENTIST AGREED TO TRAIN YOU: YES NO**
(CIRCLE APPROPRIATELY)

6. **IF YES IN (5) ABOVE GIVE NAME OF SCIENTIST:** -----

7. **DATES AND MONTH (S) AND YEAR REQUESTED FOR TRAINING***

FROM	TO
DATE	DATE
MONTH	MONTH
YEAR	YEAR

***REQUESTED DATES MAY NOT ALWAYS BE AVAILABLE**

8. Undertakings from Applicant and the HEAD OF DEPARTMENT

- A. We certify that Mr./Ms.----- is a bonafide student doing the course ----- in our department.
- B. We certify that the candidate will remit all needed service fees for the period of training imparted.
- C. We certify that the project report/dissertation/thesis generated during the training will be approved and signed by the RGCB supervising scientist
- D. We certify that all intellectual Property generated during the training period will remain in the absolute ownership of RGCB.
- E. We certify that any results obtained during the training period will not be published in any publication (journal, book, magazine, newspaper, etc) or presented at any meeting, conference, seminar, discussion, etc without the signed consent of the scientist who supervised the work.

Signature of the Applicant -----

(signature)

Address:

E-mail:

Name & Designation of Head of the Dept.

phone number:

9. ENDORSEMENT FROM PRINCIPAL/HEAD OF THE INSTITUTION

I certify and endorse that all the above information provided in sections 1 to 8 is correct. Further I also understand that in the event of any infringement of the above conditions, future students from this department/institution will be debarred from any training at RGCB.

Signature

Name & Designation