

**36TH TRAINING PROGRAMME ON COMMON LABORATORY
EQUIPMENT FOR COLLEGE TEACHERS**

01-06 June 2009

APPLICATION FORM

Name of the applicant :

Date of birth :

Academic qualification :

**Institute/Organization
with address :**

Tel. /Cell # (if any) :

Designation :

**Any previous training,
If yes, please specify :**

Date: Signature of the applicant

**Recommendation from the Head of
Institution / Organization.**

Date: Signature :

Name :

Designation :

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