57TH TRAINING PROGRMME ON THE USE, MAINTENANCE AND TROUBLE-SHOOTING OF COMMON LABORATORY EQUIPMENT

14-19 February 2015

APPLICATION FORM

Name of the applicant :

Date of birth :

Academic qualification :

Designation :

Institute/Organization with address :

Phone and Cell number :

E-mail Address :

Any previous training, If yes, please specify :

Date: **Signature of the applicant**

Recommendation from the Head of Institution / Organization

Date: **Signature :**

Name :

Designation :

Seal