The CHILDS Trust Medical Research Foundation (CTMRF)

12 A, Nageswara Road, Nungambakkam, Chennai, Tamil Nadu 600034

APPLICATION FORM FOR CTMRF TRAINING PROGRAMS/ WORKSHOP

1. Name of the applicant **(CAPITAL LETTERS)**:

AFFIX PASSPORT SIZE PHOTO & SIGN ACROSS

2. Address for Communication:

- E-mail:
- Mobile No:

3. Select the category that describes you:
    - Students pursuing B.Sc/B.Tech, M.Sc/M.Tech**,** or equivalent degrees in Life Sciences, Bio Sciences (and allied subjects).
    - Candidate with academic background in Life Science / Bio science , but is not a current student .
4. Name of the College & University (currently studying /completed) *
5. College Course/ Year:
6. Name of the training Program opted at CTMRF:
7. Tenure of Training (Training Period selected) : :
    - Training dates:
        - From : _____ To : _____

_____

Applicant Signature with date

*: If you are a student, please attach a copy of your college Student ID /Bonafide certificate , otherwise attach a copy of your academic degree certificate