

Project / Internship Registration form

Reg. No..... (Office use only)

1. **Name in capitals: Mr/Ms**.....
2. **Date of Birth**:.....
3. **Degree and year**:.....
4. **Department**:.....
5. **Name of the college/ University**:.....
6. **Name of the supervisor/HoD**:.....
7. **Contact details of the supervisor/HoD: Cell**:.....**E.mail**:.....
8. **District and state**:.....
9. **Permanent address**:.....

10. **Blood group**:.....
11. **Contact number**:.....
12. **Email ID**:.....
13. **Accommodation needed**:.....**(Yes/No)**
14. **Signature of the Parent / Guide**:.....
15. **Date of Joining**:.....

Please affix your
 recent passport size
 photo here

Declaration

I _____ hereby declare that the particulars furnished by me in this application form are true to the best of my knowledge and belief. In case any information is found to be incorrect, my candidature shall liable to be rejected. I will submit the detailed technical report at the end of trainings/ projects. I shall not cause any damage to the instruments belonging to TRI-Biotech. I will obey the rules and regulations of the organization with obedience.

Date:

Place:

Signature of the student

TERMS AND CONDITIONS

1. Admission will be confirmed only after the receipt of non-refundable Registration Fee of Rs. 1,500/-.
2. The registration fee can be sent through NEFT transfer or In person.
3. Participants need to pay remaining fee at the time of joining.
4. The course fee includes the cost of laboratory facilities, supervision charges, cost of consumables, Internet, Surgical Gloves, Mask, Cap etc.
5. Participants need to bring Lab Coats, Lab Slipper and observation note
6. A certificate will be issued only after successful completion of the Training/ Project.
7. In case, anyone violates the "Code of Conduct" the management holds the right to terminate him/her immediately from the course.
8. Minimum 75% of attendance is required for certification.
9. Research publications will be jointly shared between the participant and the Trichy Research Institute of Biotechnology Pvt. Ltd.
10. Please enclose your college ID proof at the time of joining.
11. Trichy Research Institute of Biotechnology will not accept any liability for any kind/accident or medical complications of any participant caused by training.

Account Details

BANK NAME : Bank Of Baroda
Account Name : TRICHY RESEARCH INSTITUTE OF BIOTECHNOLOGY PRIVATE LIMITED
Account Number : 27480200000329
IFSc code : BARB0THILLA, (0 is - Zero)
Branch : Thillai Nagar, Trichy.

Official Use Only

Total Amount:

Amount Paid:

Balance: