## NATIONAL CENTRE FOR CELL SCIENCE

Application form for M.Sc. Project Training – Session II (July - 2019 to December - 2019) (SIX MONTHS)

(July - 2019 to June - 2020) **(ONE YEAR)** 

		Pers	sonal	Info	rmation					
Full Name in Capital:										
Name of Father/Husba	nd									
Gender:	ate of	Birth :			Marital Sta		tus:	Nationalit	y:	
Address for Correspondence:				Per	manent <i>i</i>	Add	ress:			
Mobile No.						Te	'el.2:			
E-Mail 1			E-Mail 2:							
Award and fellowship	S:									
Six Months / One Year	r Trair	ning (SP	ECIFY	<b>')</b> :						
Educa	ional	Qualific	ation	(Sta	rting fro	m S	SC on	wards)		
		me of		r of	Subjects		Marl		Special	
	UIII	versity	Pass	sing			Perc	entage %)	Subjects	
S.S.C										
H.S.C.	H.S.C.									
B. Sc.										
Qualifying Evam for		M.Sc. S	tatue	1	M Toch	Stat	tue	Integrated	I M Sc / M	
Qualifying Exam. for Training Purpose:- M.Sc./ Integrated M. Sc./ M.Tech./ Degree		Mi.Sc. S	M.Sc. Status		<b>M.Tech. Statu</b> 1 <sup>st</sup> Sem./1 <sup>st</sup> y		ıus	Tech status	•	
		1 <sup>st</sup> Sem./1 <sup>st</sup>					year	rech status		
		year	year		2nd Sam	nd Sem./2nd		4 <sup>th</sup> year		
		2 <sup>nd</sup> Sem./2 <sup>nd</sup>		'	. Semi, Z		year	5 <sup>th</sup> year		
applicable and strike			year		3 <sup>rd</sup> Sem 4 <sup>th</sup> Sem		o year			
out not applicable	)	3 <sup>rd</sup> Sen	3 <sup>rd</sup> Sem		ı beni	50111				
		4 <sup>th</sup> Sen	4 <sup>th</sup> Sem							
Area of Research Intere	st at N	CCS:		ı						
(Mandatory)										

Dunation	
Duration	of Training (Minimum five months compulsory)
From:	/ to/
	the University/Institute/college is ed by UGC
	DECLARATION
-	declare that I have carefully read the instruction and particulars supplied to me entries made in this application form are correct to the best of my knowledge and
Date:-	Signature of Candidate
	INCORPLICATION
	<b>INSTRUCTIONS:</b>