

Application No.....

Date.....



MEDICAL LABORATORY SERVICES

Under Public Health Research & Services Program

An initiative of RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY

Department of Biotechnology, Government of India



APPLICATION FOR TRAINING PROGRAMMES IN MLS

Name of the Applicant:

Age/DOB:

Educational Qualification:

Name & Address of the Organization/Institution in which Candidate is presently

Working/studying:

Proposed dates of Training: From.....To.....

Selection of Training Programme applying for (Tick against the respective column)

SI NO	Programme	Schedule	Selection
1	Biochemistry	3 days	
2	Hematology	3 days	
3	Microbiology	3 days	
4	All the Above	One week	
5	Student Internship & Training (Graduates & Post Graduates)	One week	
6	Hands on Training	3 months	

Signature of the Candidate.....

Recommendation from the Head of the Organization.....

Signature of the Head of the Organization

Declaration

All the facts said above are true to the Best of my Knowledge and Belief

Signature

Payment Details

Mode of Payment Cash /DD No..... **Dated** **of amount**

For Office Use Only

Application No...

RGCB Receipt No.....

Signature of the Course Coordinator

Cash Section