



APEX BIOTECHNOLOGY TRAINING AND RESEARCH INSTITUTE

Hands on Training Registration Form

Affix passport size photograph

Register Number:

Date of Joining:

Name: Mr. /Ms./Dr.

Course of Study/Studied :

Organization:

Name of the Supervisor / HOD: Dr. / Mr. / Ms. / Prof.:

Supervisor / HOD Contacts: Cell: E-mail:

Address for Communication:

.....

.....

Cell: Phone: E-mail:

Name of the Hands on Training:

.....

Training Period:

Registration Fee `/-*: i) Cash [] ii) DD [] iii) ECS [] iv) Challan []

Installments	Date of payments	Mode of Payment with details	Amount paid	Balance, if any	Receivers signature
1					
Total `					

*Fee once paid will not be refunded at any circumstances; #Project/Training fee may be paid at the time of joining as a DD in favor of M/s. APEX BIOTECHNOLOGY TRAINING AND RESEARCH INSTITUTE, payable at CHENNAI.

Declaration / Undertaking

In consideration of the workshop training and other facility to be received by me from M/s. Apex Biotechnology Training and Research Institute, Chennai. I..... Daughter / Son of Shri.Resident of.....

..... hereby declare that I shall strictly stick to the project work assigned and I never disclose any of the company R&D works to anyone other than my project work. I shall not use any drugs, alcohol, cigarettes etc. and also not cause any damage to any equipment or instruments belonging to the organization.

Place:

Dated:

Signature of the Workshop Trainee