



APEX BIOTECHNOLOGY TRAINING AND RESEARCH INSTITUTE

Summer Internship Registration Form

Register Number:

Date of Joining:

Affix passport
size photograph

Name: Mr. /Ms.

Course of Study

Organization:

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

Supervisor / HOD Contacts: Cell: E-mail:

Address for Communication:

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Cell: Phone: E-mail:

Broad Field of Interest:

Internship Duration:

Registration Fee **Rs. 500/-***: i) Cash [] ii) DD [] iii) ECS [] iv) Challan []

Internship Fee#*: ----- (Please refer Internship Fee chart)

Date of payments	Mode of Payment with details	Amount paid	Balance, if any	Receivers signature
Total Rs.				

*Fee once paid will not be refunded at any circumstances'; #Internship 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 project 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 :

Date :

Signature of the Internship Trainee