



# APEX BIOTECHNOLOGY TRAINING AND RESEARCH INSTITUTE

## Winter 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: .....

.....

.....

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 |
|------------------|------------------------------|-------------|-----------------|---------------------|
|                  |                              |             |                 |                     |
|                  |                              |             |                 |                     |
| <b>Total Rs.</b> |                              |             |                 |                     |

\*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