

APPLICATION FORM

Name of the Position(s) Applied (Please tick ✓)	Internship Programme	
	Research Trainee	

1.	Name in Full (Block Letters)		PLEASE AFFIX YOUR RECENT PASSPORT SIZE COLOUR PHOTOGRAPH
2.	Gender	Male / Female	
3.	Date of Birth & Age as on the last date		
5.	Are you a person with disability?		
	If yes, nature of disability		
6.	Address for Correspondence		
	Email:		Mobile No.
7.	Recommendation from the Institute		
	If Yes, please give details		

Cytxon Biosolutions Pvt. Ltd.

#3500/1B1, 21st Cross Lingaraj Nagar North, Hubballi- 580031, Karnataka, India Phone: 7892582442, 8951227948, 7795122960

E-mail: cytxon@gmail.com, arunshettar9@gmail.com, info@cytxonbiosolutions.com

Website: www.cytxonbiosolutions.com



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 Pre-clinical Research and Molecular Diagnostics

8.	Particulars of Education Qualification (in reverse chronological order) (Please self-attested copies of certificates & mark sheets)					
Name of Examination	Subject	University	Year of Passing	Percentage of Marks	Class	Remarks if any
SSLC						
Degree						
Master Degree						
Ph.D.						
Any Other						

9	Languages known					
	Sl. No.	Languages	Read	Write (Please tick ✓)	Speak	
	1					
	2					
	3					
	4					
10.	References (From persons holding responsible positions)					
	Reference - 1		Reference - 2		Reference - 3	

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11	Any other relevant information the candidate wishes to mention
DECLARATION	
<p>I hereby declare that I have filled up this application form and fully understanding the eligibility criteria and other conditions stipulated therein and fully agree to abide by them. I further declare that all the statements made by me in this Application are true, complete and correct to the best of my knowledge and belief and in the event of any of the information being found false or incorrect or any ineligibility being detected before or after the selection or if I bring in outside pressure/influence, my candidature is liable to be cancelled at any stage of Selection/Appointment and action can be initiated against me</p>	
SIGNATURE OF THE CANDIDATE	
Place: _____ Date: _____	

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