



**CSIR Integrated Skill Initiative**  
 CSIR- National Botanical Research Institute  
 Rana Pratap Marg, Lucknow-226001



**REGISTRATION FORM**

|   |   |   |
|---|---|---|
| Title of the Course                       |   | Affix passport size photograph here   |
| Name of applicant                         |   |   |
| Father's Name                             |   |   |
| Mother's Name                             |   |   |
| Date of Birth                             |   |   |
| Place of birth                            |   | <b>Fee payment details</b><br>Mode<br>UTR No.<br>Name of Bank<br>Date<br>Amount paid: |
| Marital Status                            |   |   |
| Category<br>(SC/ST/OBC/General)           |   | Aadhaar Number  |
| Religion                                  |   | Sex (M/F)   |
| Permanent Address<br>(Including PIN code) | Corresponding address<br>(Including PIN code) |   |
| Mobile No.                                | Email ID                                      |   |

**Educational Qualification**

| Exam. Passed | Board/University | Year | Div/% | Subject |
|--------------|------------------|------|-------|---------|
|              |                  |      |       |         |
|              |                  |      |       |         |
|              |                  |      |       |         |
|              |                  |      |       |         |

**Declaration:**

I hereby declare that all the information given above is true to the best of my knowledge and belief.

Date:

Signature of the candidate:

For Office Use

Applic. No. .... Date..... Batch details.....Fee Details.....