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**ACCELARATE VIGYAN KARYASHALA**

**Sponsored by**

**SCIENCE AND ENGINEERING RESEARCH BOARD, NEW DELHI**

**At**

**CSIR-NATIONAL BOTANICAL RESEARCH INSTITUTE, LUCKNOW**

**Workshop on** **‘Integrative Systematics of Lichens - Identification to Bioprospecting’**

15th to 21st March 2021

**Application Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Name (In CAPITAL LETTERS; First, Middle and Last Names) | | |  | | |
| 2. | Gender | | |  | | |
| 3. | Age (as on 31st December 2020) | | |  | | |
| 4. | Marital Status | | |  | | |
| 4. | Father/Mother/Spouse name | | |  | | |
| 5. | Mobile number (WhatsApp) | | |  | | |
| 6. | Email address(es) | | |  | | |
| 7. | Current College/University/Institute address | | |  | | |
| 8. | Residence address | | |  | | |
| 9. | Present education status (if PG which semester? If Ph.D. year of registration) | | |  | | |
| 10. | Subject of PG or Ph.D. | | |  | | |
| 11. | Title of Ph.D. research (if enrolled) | | |  | | |
| 12. | Previous education and score (starting from recent to 10th standard) | | | | | |
|  | **Degree/Course** | | **College/University** | | **Year** | **Percentage of marks/grade** |
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| 13. | Justification, why you want to participate in the workshop?  (max. 200 words) |  | | | | |

I declare that above given information are true and verifiable if required.

Signature of the candidate

Place: Date:

**Note:** The application format should not be modified. All information should be typed. All columns should be filled. Whenever information is lacking or irrelevant, should mention Nil or N.A (not applicable). All the documents (application form, certificate/NOC) should be legibly scanned, merged and emailed (indianlichenology@gmail.com) as a single PDF file, and the original hardcopies must be produced at the time of registration, if selected.

**Authentication and No Objection Certificate**

(To be attached along with the application form)

This is to certify that Mr./Ms./Mrs. ……………………………………………………………………………. S/o, D/o, spouse of Mr./Mrs. …….……………………………..…… bearing roll/registration number ………………………………….. is a bonafide student of ………………………….…….……………………. college/university/institute and he/she is in .………….……………………. year/semester of ……………………….…..……………………….. course. He/she is reliable and sincere, and bears good moral character. Further, I have no objection to his/her participation in the workshop on ‘**Integrative Systematics of Lichens - Identification to Bioprospecting**’ to be held at CSIR-NBRI, Lucknow from 15 - 21st March 2021, if selected.

(strikethrough irrelevant options)

Signature

Head of the Department/

Head of the Organization/Ph.D. supervisor

(With seal)

University/College/Institute name and address