



CSIR- National Botanical Research Institute
Rana Pratap Marg, Lucknow-226001



Title of the Course:

Centre ID. -

Trainer Id. -

Affix
Photograph
here

	Salutation (Mr. / Mrs. / Miss / Shri / Smt. Etc.)	First Name	Middle Name	Last Name
Candidate name				
Father's Name				
Mother's name				
Marital Status (Married/ Single)				
Date of Birth		Place of Birth (District)		
Aadhar Number				
Gender (M/F)				
Caste Category (SC/ST/OBC/General)				
Religion				
Permanent Address				
State		Pin Code		
Correspondence Address				
State		Pin Code		
Contact No.				
E-mail ID.				

Pre training Status	
Previous Experience Years..... Month
Course Fee (Rs. 5,000/ 20,000)	
Fee Paid by Self/ Govt.Organization/ Others	
NEFT Receipt Number and Date	
Candidate Bank Name	
Candidate Bank Account Number	
Candidate Bank Branch Address	
Candidate Bank IFS Code	
Disability type, If applicable	
Annual Household Income	

Educational Qualification (10th onwards):

Exam. Passed	Board/University	Year	Div/%	Subject

*The copy of receipt of fee paid and qualifying education certificate must be enclosed in the application form

Experience (if any):.....
.....
.....
.....

Declaration

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

Place:

Date:

Signature of the candidate