

Application No. ....

Date.....



**MEDICAL LABORATORY SERVICES**  
Under Public Health Research & Services Program



*An initiative of*  
**RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY**  
Department of Biotechnology, Government of India

**APPLICATION FOR TRAINING PROGRAMMES IN MLS**

Name of the Applicant: .....

Address for Communication

E mail ID& Mob:

Age/DOB: .....

Educational Qualification: .....

Name & Address of the Organization/Institution in which Candidate is

Working/studying/last studied: .....

Proposed dates of Training: From.....To.....

Selection of Training Programme applying for (Tick against the respective column)

SL NO	PROGRAMME	SCHEDULE	SELECT
1	Biochemistry	3 days	
2	Hematology	3 days	

3	Microbiology	3 days	
4	All the Above	One week	
5	Student Internship & Training (Graduates & Post Graduates)	One week	
6	Hands on Training	1 month	
7	Hands on Training	3 months	

Signature of the Candidate .....

Recommendation from the Head of the Organization.....

Signature of the Head of the Organization(if applicable)

**Declaration**

All the facts said above are true to the Best of my Knowledge and Belief

Signature

**Payment Details**

Mode of Payment      Cash /DD No.....      Dated .....      of Amount  
.....

**For Office Use Only**

Application No...

RGCB Receipt No.....

Signature of the Course Coordinator

Cash Section