

Twelve days GSBTM Crash Workshop

On

“CSIR-UGC-NET/JRF”

For Student of M.Sc., M.Phil., Research Scholar & Academicians

From all branch of Life science

Under the aegis of PG-BT-CBC, Jointly organized by

**Shree M. & N. Virani Science College (Autonomous), Rajkot & Gujarat State
 Biotechnology Mission (GSBTM), Gandhinagar**

REGISTRATION FORM

PHASE-I (6 DAYS): 2ND TO 7TH JUNE, 2018

PHASE-II (6 DAYS): 1ST TO 6TH DECEMBER, 2018

Important Instructions:

- Printout the registration forms and fills the details in capital letter only.
- Registration form and deposit fees(refundable) can be submitted personally or by registered post to “ Dr. Shivani Patel (Head), Department of Biotechnology, Shree M. & N. Virani Science (Autonomous) College, "Yogidham Gurukul", Kalawad Road, Rajkot -360 005, Gujarat India. Kindly mention on envelop “Application for PG-BT-CBC”. Last date of registration form submission is 20/5/2018.
- In case of registered post, please scan the filled registration form and cheque or demand draft (500 Rs for M.Sc. and 1000 Rs. for others) in favour of “Shree Manibhai Virani & Smt. Navalven Virani Science College, Payable at Rajkot” and send email to pgbtcbc@vsc.edu.in.
- To attend the workshop candidates must ensure that they fulfil all the eligibility conditions require to appear in CSIR UGC NET exam.
- For any clarification/assistance candidate may call on 9825394037/9558899032 or email to pgbtcbc@vsc.edu.in
- Preference for participation will be given to those who are appearing for CSIR-NET /relevant exam and first come first basis.

1. FULL NAME _____

2. GENDER _____ DATE OF BIRTH _____

3. CATEGORY: M.SC (1st YEAR)/M.SC.(2nd YEAR)/M.Phil./Research Scholar/Faculty



4. EDUCATIONAL DETAIL

Sr. No.	Course	Percentage	Year	Subject	School/college	Board/Universities
1.	10 th					
2.	12 th					
3.	B.Sc.					
4.	M.Sc.	Sem-I				
		Sem-II				
		Sem-III*				
		Sem-IV*				
5	Ph.D.					

* Write result awaited (RA) in M.Sc. 2nd Year.

5. DEMAND DRAFT/CHEQUE DETAIL- DD/CHEQUE NO: _____ DATE: _____ BANK: _____

6. MOBILE* _____

7. E-MAIL ID* _____

8. PERMANENT ADDRESS:* _____

9. WHETHER YOU ARE APPEARING FOR CSIR NET OR RELAVANT EXAM- Yes No

If yes, Give exam detail: Name of exam with year _____ Application/Roll no _____

10. ACCOMMODATION REQUIRED (Tick appropriate) Yes No

UNDERTAKING

I _____ hereby agree and giving my consent for 100% attendance failing which, the deposit money would not be refunded to me. I hereby certify that the above information furnished is true.

Participant's signature