



CENTRE FOR CELLULAR AND MOLECULAR BIOLOGY

(Council of Scientific & Industrial Research)

HYDERABAD - 500 007

Application For Bioinformatics Training

Personal Details

Name:

Date of Birth:

Affiliation:

Address for Correspondance:

E-Mail:

Telephone No:

Mobile:

Click here to select
& affix a photograph
in this box.
Max size of
photo should not
exceed 300 KB

Photo of size 1.5 inch X 2 inch

Education Details

Degree/Course	Subjects	Board/University	%Marks/ CGPA	Year of completion

Continue on the next page

Area of Interest:

(Please list out upto three areas of your interest in which you want to carry out your project work.)

Statement of Purpose:

(Please write statement of purpose in 250 words)

Please Specify the Programming Languages/Scripting Languages know and select the corresponding proficiency appropriately:

1. Basic Intermediate Expert
2. Basic Intermediate Expert
3. Basic Intermediate Expert
4. Basic Intermediate Expert
5. Basic Intermediate Expert

Please Specify the duration (numeric value between 4 to 6 month) and Preferred date of start:

Duration: months

Preferred date of start:

Date: