

KSCSTE - MALABAR BOTANICAL GARDEN AND INSTITUTE FOR PLANT SCIENCES

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Application form for project work/ Training

Name :

Date of birth :

Gender:

Email :

Mobile number:

Permanent Address:

Recent passport size photo

Qualification (Most recently completed with percentage of mark and institution):

Current studying college, University with address:

Current course and semester/ year:

Email Id and mobile number of any of your faculty for reference:

Details of project work/ Training required:

Duration of project work/ Training:

Tentative start date:

Tentative date of completion:

Along with this application attach the following details

- 1. Biodata of Applicant
- 2. Testimonial from the Head of Department/Institution

Signature of the Applicant