

## REGISTRATION FORM

**CENTRE FOR BIOTECHNOLOGY AND MOLECULAR BIOLOGY (CPBMB),  
IT-BT COMPLEX, KERALA AGRICULTURAL UNIVERSITY  
VELLANIKKARA [P.O], THRISSUR – 680 656  
Tel: 0487-2438576**

E-mail: [trainingcpbmb2015@gmail.com](mailto:trainingcpbmb2015@gmail.com)

1. Name :
2. Designation :
3. Specialization :
4. Post graduation [Completed/ pursuing] :
5. Institute/College/University :
6. Telephone No. :
7. Address for Correspondence :

8. E-mail Address :
9. Training programme applied for :

- |  | Preference |
|--|------------|
| 1. Hands on training on techniques in molecular Biology  | .....      |
| 2. Plant tissue culture and applications   | .....      |
| 3. Training on techniques in Molecular Biology and Plant tissue culture  | .....      |
| 4. Summer training on techniques in Molecular Biology and Plant tissue culture of students undergoing M.Sc. (Biotech)/B.Tech (Biotech) | .....      |
| 5. Micropropagation of banana and ornamentals for entrepreneurship development   | .....      |
| 6. Providing facilities for PG dissertation research project to outside university students  | .....      |

Mark a tick (✓) legibly. Applicants can apply for more than one programme in a single registration form. In that case preference may be indicated in Roman numeral against the Sl. No. of the programme. The following information may please be given:-

10. Mode of payment: (i) In cash at Central Training Institute or (ii) As DD in favour of Professor of Extension, CTI, Mannuthy payable at SBT, Ollukkara and to be sent to: Professor & Head, CPBMB, IT-BT Complex, Kerala Agricultural University, Vellanikkara, [P.O], Thrissur – 680 656  
DD no..... Dated..... Amount.....
11. Your involvement in Plant Biotechnology & Molecular Biology:
12. Project title (If applicable) :
13. Details of similar training/workshop attended :
14. Justification for considering for the training Programme selected :

Place:  
Date:

Signature