

(Annexure I)



## SOPHISTICATED ANALYTICAL INSTRUMENT FACILITY

CSIR-Central Drug Research Institute, Lucknow



### Advanced Training Program

Supported by  
Department of Science & Technology  
(Govt. of India)

### Registration Form

Name: .....

Date of birth: ..... Gender: M/F.....

Designation: .....E-mail: .....

Educational Qualification: .....

Department/Institute: .....

Address department/institute : .....

.....

.....

Area of interest (R&D): .....

.....

Accommodation: **Required/Not required** .....

**Name of training program:** .....

Mobile: .....Payment details:

Amount Rs.: ..... NEFT: ..... Date: .....

Bank: .....

Signature of the Candidate

Signature of Head/Supervisor with stamp

Scanned copy of dully filled form send to [saif\\_cdri@cdri.res.in](mailto:saif_cdri@cdri.res.in)

परिष्कृत विश्लेषणात्मक उपकरण सुविधा (सैफ, लखनऊ) सीएसआईआर-केंद्रीय औषधि अनुसंधान संस्थान, लखनऊ