



Vacation Training Program on Bio-Application Form



shoka Trust for Research in
ecology and the Environment

Department of Biotechnology
Government of India

1	Name	<input type="text"/>	Photograph
2	Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD-MM-YYYY)	
3	Parent's/ Guardian's Name	<input type="text"/>	
4	Guardian's relationship with the applicant	<input type="text"/>	
5	Age	<input type="text"/> Years <input type="text"/>	
6	E-Mail	<input type="text"/>	
7	School Name & Address	<input type="text"/>	
		Phone <input type="text"/> Fax <input type="text"/>	
8	Residential Address	<input type="text"/>	
	Contact Phone No. (compulsory)	<input type="text"/> Mobile <input type="text"/>	
9	% marks scored in IX Class	<input type="text"/> . <input type="text"/> %	
10	Reasons for attending this course. (A short write-up not exceeding 150 words to be written on a separate sheet and attached with this form)		

Signature of the Applicant

Signature of the Parent/ Guardian

Signature of the Principal
(With stamp)