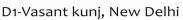


## National Liver Disease Biobank

(DBT-ILBS initiative for Research on Hepatitis C and Liver Diseases)

## INSTITUTE OF LIVER & BILIARY SCIENCES







**Training Application Form** Clip or staple Hands on training in Biobanking two photos, -Biobanking, Cryostorage, Analytical, Pathological and Molecular Techniques (do not glue). 2 days training 1 week training 2 photos Hands on training in Biobanking, Storage & Analytical Procedure 1 month training Pathological Training Biobanking Management & Cryostorage Training 1 month training 1 month training 1. Name in block letters: Mr/Ms. \_\_\_\_\_ Marital Status: Married / Unmarried / Widow / Divorcee 3. (a) Permanent address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_ 4. Mobile number: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Date of birth: \_\_\_ Do you belong to any of the following categories (✓ if any) (Please annex documentary evidence): (i) SC / ST / OBC / Ex Service men: (ii) PWD (having 40% or more disability) suffering from 7. Father's/ Husband's name: 8. Educational Qualification: \_\_\_\_\_\_ 9. References: (Project Investigators/University/Institute)

## Declaration:

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief.

Date: Signature of the Applicant