



Centre for Stem Cell and Cancer Genomics

AM Institute of BioScience

Coimbatore- 641004

www.amibs.org

Email: amibioscience@gmail.com

Mobile : +91-73391-11990

Application for Independent Research Program

Name (Block letters) :

DOB & Sex :

Degree and Discipline :

Institute & Department :

Area of Research Interest:

Project Duration :

Education Qualification :

Degree	Discipline	College/ University	Year	% of Marks

* Covering Letter, Short Write-Up of your Research interest and Copy of CV may be enclosed separately

Contact details

Communication address:

Mobile No :

Email:

Net Banking Details

Transaction ID & Date :

Bank Name :

Branch :

*Course Fee Rs :

***Note: "Registration fee is non-refundable. Instead, alternative course can be opted"**

I hereby declare the details furnished are true to the best of my knowledge.

Date :

Applicant signature

For Office Use Only

Registration Number :

Receipt Number :

Remark if any :

In Charge