सी. एस. आई. आर. – भारतीय रसायनिक जीवविज्ञान संस्थान

कोलकाता-७०००३२

**CSIR-Indian Institute of Chemical Biology**

**Kolkata: 700032**

**APPLICATION FORM- A**

SUMMER INTERNSHIP PROGRAM -2025 at CSIR-IICB

|  |  |
| --- | --- |
| 1. Name of Applicant
 |  |
| 1. Father’s Name
 |  |
| 1. Date of Birth
 |  |
| 1. Address of Communication
 |  |
| E-Mail |  |
| Phone no. |  |
| 1. Permanent Address
 |  |
| 1. Pursuing Degree

(Indicate Department & Courses)1. Year of study
 |  |
| 1. College/ Institute /University
 |  |
| 1. Duration of the internship

 Specify the period |  |
| 1. Discipline of study

(Chemical sciences / Biological sciences) |  |
| 1. Research area of interest
 |  |

12. Academic Qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of class/degree | Name of Board/University/institute | Completion year/ ongoing | Subjects | Percentage of marks/ CGPA |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Do not attach hard copy of the mark sheets. Verification of marks will be done at the time of joining.*

Achievements (if any) *State-level Medals, fellowships, Scholarships, Prizes or any other Award, Distinction*s*:*

13. Other Qualifications (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Research Training (if any) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Faculty at CSIR-IICB (candidates might indicate any two names as preferences based on research area):

a)

b)

16. Brief Statement of Purpose on ‘what fascinates you in science and how this internship would be beneficial for your career’ (in max. 250 words).

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 **Declaration of the student**:

1. I declare that the information provided in regard to my application for training at CSIR-IICB is true and complete.

2. It is my responsibility to submit required documents as and when instructed. I shall abide by the rules and regulations during my internship period at CSIR-IICB.

3. I understand that, no part of the research work conducted at CSIR-IICB during my internship tenure will be used for lecture, poster presentation and for manuscript submission without written consent from the supervisor at CSIR-IICB.

4. I understand that, the report for the internship work shall carry the recommendation from the supervisor of CSIR-IICB.

**All original documents will be verified at the time of joining the internship, if selected.**

Date: Signature of the Student

Place:

 Name of the Student (in capital letters)