 

**Application for summer training / Instrument training programme**

*Ref:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(office purpose only)*  **Date:\_\_\_\_\_\_\_\_\_\_\_**

1. **Applicant information**

|  |  |
| --- | --- |
| Name |  |
| Designation/year of Study |  |
| Supervisor Name |  |
| Address (Institute/company) |  |
| Institute type | Educational/Industry/MSME/Research Lab |
| Phone/e-mail |  |
| Aadhar No. |  |

1. **Information on required training /Skills**

|  |  |
| --- | --- |
| Training Module as per NIPER Hajipur\* |  |
| Duration |  |
| Tentative date |  |
| Details of any specific training required ? |  |
| Recommendation letter attached? Yes/No. | Yes/No |
| Are you aware fee to be paid for training | Yes/No |
| Previous knowledge on the selected module |  |

*\*kindly discuss with assigned scientist prior to fill this form. Note that during training you will be posted to on-going project of the department only. No new project will be assigned. You may choose any on-going project in discussion with the scientist of the department. No data will be shared.*

*I shall abide by the rules/norms of the institute during the training.*

*Signature of the applicant*

**C) Account information** *(For office use only)*

|  |  |
| --- | --- |
| Account Name |  |
| Account No. |  |
| Bank / IFSC code |  |
| Amount to be charged (+GST) |  |
| Scientist in-charge |  |
| Training start date |  |
| Training End date |  |
| Date of training certificate issued |  |

*Signature of the Scientist Accounts section Head of the Department*

 *Dean*