

APPLICATION FORM FOR STUDENT ASSOCIATES

Name:	Date of Birth :	
Nationality:	Marital Status:	Sex:
Name and Address of Present Institution/University/College:		
Email:	Tel:	Fax:
Residential Address:		
Email:	Tel:	Fax:
Education : (Start with last institute attended)		
Name of Institute	Period Attended	Degree, Marks/Grade & Class Obtained
List of Publications:		
Name of Faculty Member at SNBNCBS with whom you want to interact		

Proposed Area of Research:

Proposed Research plan during the association: (500 words)

Detailed Comments by the proposed Collaborator/ host in support of the case of the candidate: