

G.B. PANT INSTITUTE OF HIMALAYAN ENVIRONMENT & DEVELOPMENT
ALMORA – 263 643 (UTTARAKHAND), INDIA

APPLICATION FORM FOR DISSERTATION / SUMMER / WINTER TRAINING

(Candidate should fill this form in his/her own hand writing and in capital letters only. Application should be addressed to the Director and should be sent/submitted to the office of Administrative Officer)

1. Name of the Candidate		Affix recent good quality passport size photograph here
2. Father's/Husband's Name		
3. Date of Birth and Age as on Date (DD/MM/YYYY)		
4. Nationality:	5. Sex: (Male/Female)	
6. Institute / College/University to which belong (Complete full address with phone/fax number and e-mail address)		
7. Name of the Course (With discipline/branch/specialization)		
8. Year/Semester of the Course:	9. Roll No.:	
10. Subject / Area in which training is required		
11. Period requested for Training Duration:Weeks / Months	Date of Start	Date of Completion (Tentative)

12. Address for Communication: _____
 _____ Phone No.: _____
 Mobile No.: _____ E-mail: _____

13. Permanent Address: _____
 _____ Phone No.: _____
 Mobile No.: _____ E-mail: _____

14. Educational Qualifications (Enclose attested copies of certificates):

S. N.	Examination Passed	Board / University / Institution	Year of Passing	% Age	Class/ Division	Major Subjects / Specialization
1.						
2.						
3.						
4.						
5.						

15. Technical Skills: _____

16. Area of Interest: _____

17. Extra Curricular Activities: _____

18. Name & Address of three references (With their phone no. and e-mail ID):

1. _____

2. _____

3. _____

Declaration

I certify that all information supplied by me as above is true and correct to the best of my knowledge and belief. I also promise that during the training program, I will abide by the GBPIHED rules and regulations and I shall not disclose any information of the Institute to the outside agency.

Date: _____

Place: _____

(Signature of Candidate)

Name:

CERTIFICATE TO BE FURNISHED BY THE HEAD OF THE DEPARTMENT / INSTITUTION

This is to certify that:

- (i) The particulars furnished by Shri/Smt./Km./Dr. _____ are correct, as per records.
- (ii) There is no disciplinary proceedings either pending or contemplated against him/her.

Signature of Head of Department/Institution

Date:

Name: _____

Designation: _____

Office Seal: _____