

## CSIR-Central institute of Medicinal and Aromatic Plants (CSIR-CIMAP) P.O. CIMAP, Lucknow-226015



## Application/Proforma for Student Internship (Fill in CAPITAL Letters ONLY)

1. Name:					[Photograph]
2. Father's na	me:				
3. Date of Birt	h:				
4. Address for	· correspondence:	*		<u>.</u>	
5. E-mail & M	Iobile no.:				
6. Project Ap					
7. Educationa	l qualification (percent	marks obtained i	s mandatory to fill	up)	
Degree	Board/University	Subject	Year	ob	Marks stained (%)
10th					
12th					
Graduation					
Post-graduation*					
*For Post-graduat candidate undergo	tion course include cum bing Post graduation pr	ulative percentag esently should ap	e of marks till the	last examin	ation. Only
8. Research	Experience (if any)				
9. Additiona	l information, if any				
	ration regarding truthi				
Iprovided abo	ove is true to the best of	my knowledge.	hereby,	declare tha	it the information
•					
Date:					Signature