Application Form
Advanced Training Program in Behavioral Neurosciences
NBRL, PGIMER, Chandigarh

Passport size photo

1. **Name (in capital):**_____

2. **Date of birth** :_____

3. **Gender** : M/F _____

4. **Marital Status** :Unmarried/Married _____

5. **Citizenship** : Indian/ Other _____

6. **Address** :_____

   _____

   City: _____ **State:** _____ **Zip:** _____

7. **Phone no:** _____ **Mobile no:** _____

8. **Email id:** _____

9. **Education qualification:**

Degree	Board/University	Year of Passing	Subjects/ Branch	CGPA/ Percentage
Secondary				
Senior Secondary				
Graduation				
Post-Graduation				
Other				

10. **Experimental expertise:**_____

    _____

11. **Computer efficiency:** _____

    _____

12. **Training duration:** 3 Days ☐   5 Days ☐   7 Days ☐

13. How will this training help you and your expectations from us: (200 words max.)

_____

_____

_____

_____

_____

_____

_____

_____

14. Please enclose a letter either from the Head of Department or from one of your faculty.

Date: ___/___/_____   Signature: _____

*Send a scanned copy of this application form and the recommendation letter to nbrl.pgimer@gmail.com or drbikashus@yahoo.com. Please bring original copy during the time of training program.