

APPLICATION FORM

# Workshop on Mathematical Genomics

February 19-22, 2018

*Organized by*

**Applied Statistics Unit, Indian Statistical Institute, Kolkata**

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at

**Department of Zoology, Sikkim University, Sikkim**

TO BE FORWARDED THROUGH PROPER SPONSORING CHANNEL-----

1. Name (in block letters): Dr./Mr./Ms.
2. Age (in completed years):
3. Sex:
4. Mobile No:
5. Current Affiliation:
  - a. Name of Department:
  - b. Name of Institution with Address:
6. Designation :
7. Address for Communication :
8. e-mail Address:
9. Qualification (Highest Degree with Subject and University) :
10.
  - a. Are you presently a registered research scholar? Yes / No
  - b. If yes, please provide the following details:
    - i. Date of Registration:
    - ii. Name of Supervisor:
    - iii. Title of Thesis:

Please paste a recent passport photo in this space

11. Brief description of expectation (and/or requirements) from the training :

\_\_\_\_\_  
*Signature of candidate with date*

Office Seal

\_\_\_\_\_  
Signature of the Head of the Institution /Forwarding Authority

(Name: \_\_\_\_\_ Designation: \_\_\_\_\_ )

Date:

Deadline for submitting application: **24 January, 2018.**

(This form may be copied and circulated widely in the relevant academic institutions of Sikkim)

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