

G.B. PANT NATIONAL INSTITUTE OF HIMALAYAN ENVIRONMENT

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, G.B. PANT NATIONAL INSTITUTE OF HIMALAYAN ENVIRONMENT
KOSI-KATARMAL ALMORA – 263 643, (UTTARAKHAND), INDIA

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. Name & address of College/ Institute / University (Complete address with phone/fax number and e-mail address)		
7. Name of the Degree (M Sc/ M Tech., M A, M PHARM, M Lib., MCA, etc) (With discipline/branch/specialization)		
8. Year/Semester of the Course:		9. Roll No.:
10. Subject / Area in which training is required (Please see the guidelines)		
11. Period requested for Training	Date of Start	Date of Completion
Duration Weeks / Months		
12. Preference of place for training (Please see the guidelines)	1.	2.
		3.

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

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

15. Educational Qualifications (Please enclose attested copies of certificates):

S. No.	Examination Passed	Board / University / Institution	Year of Passing	%	Class/ Division	Major Subjects / Specialization
1.	High School					
2.	Intermediate					
3.	Graduation					
4.	Post Graduation					
5.	Any other					

16. Technical Skills: _____

17. Extra Curricular Activities: _____

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

1. _____

2. _____

3. _____

Declaration

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

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: _____