

**Training Division**

**Student Project/Training Registration Form**

Affix passport size photograph

Register Number: .....

Date of Joining: .....

Name: Mr. /Ms. ....

Course of Study: .....

Organization: .....

Name of the Supervisor / HOD: Dr. / Mr. / Ms. / Prof.: .....

Supervisor / HOD Contacts: Cell: ..... E-mail: .....

Address for Communication: .....

.....

.....

Cell: ..... Phone: ..... E-mail: .....

Broad Field of Interest: .....

Project Duration: ..... Project Nature: Solitary / Combined

Registration Fee ` 500/-\*: i) Cash [ ] ii) DD [ ] iii) ECS [ ] iv) Challan [ ]

Project/Training Fee<sup>#</sup>: ` 14500/3 months; (Additional month ` 4000/month) in Total: ` .....

Installments	Date of payments	Mode of Payment with details	Amount paid	Balance, if any	Receivers signature
1					
2					
Add month(s)					
<b>Total `</b>					

\*Fee once paid will not be refunded at any circumstances'; <sup>#</sup>Project/Training fee may be paid at the time of joining as a DD in favor of M/s. JAYAGEN BIOLOGICS, payable at CHENNAI.

**Declaration / Undertaking**

In consideration of the project works and other facility to be received by me from M/s. Jayagen Biologics, Chennai. I..... Daughter / Son of Shri. .... Resident of .....

..... hereby declare that I shall strictly stick to the project work assigned and I never disclose any of the company R&D works to anyone other than my project work. I will submit the detailed technical report/project report at the end of projects/trainings. I shall not use any drugs, alcohol, cigarettes etc. and also not cause any damage to any equipment or instruments belonging to the organization.

Place:

Dated:

Signature of the Project Trainee