

APPLICATION FORM FOR ASSOCIATES

Name:	Date of Birth :	
Nationality:	Marital Status:	Sex:
Name and Address of Present Institution/University/College:		

Email:	Tel:	Fax:
Residential Address:		

Email:	Tel:	Fax:
Education : (Start with last institute attended)		

Name of Institute	Period Attended	Degree Obtained

Employment : (Start with last employer)		
Name and address of the Organization	Designation	Period of employment

List of Publications:	
Have you been an Associate with SNBNCBS earlier?	Yes _____ No _____ (Please tick)
If Yes, (a) Period of Associateship: _____. (b) Attach a report on the academic activities carried out in that duration.	
Name of Faculty Member/s at SNBNCBS with whom you want to interact	
Proposed Area of Research:	
Proposed Research plan during association: (500 words)	

Detailed Comments by the proposed Collaborator/ host in support of the case of the candidate: