

## Form - Department Of Bio Technology- Registration

## :: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

## APPLICANT DETAILS

Name *	<input type="text"/>
Date of Birth * (e. g. dd/mm/yyyy)	<input type="text"/>
Gender *	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
E-Mail Id *	<input type="text"/>
Mobile Number *	<input type="text"/>
Area of Specialization	<input type="text"/>
Area Description *	<input type="text"/>
Institution	<input type="text"/>
Head of Institute	<input type="text"/>
Institution Website	<input type="text"/>

Institute Full Address with Pin No	<input type="text"/>
Applicant Full Address with Pin No *	<input type="text"/>

### SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name *	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Give the Sponsored Username *	<input type="text"/>