

Department of Bioengineering, NIT Agartala

Summer Training Program 2023

Department of Bioengineering, NIT Agartala, invites application from undergraduate students (4th Semester, 6th Semester) of B.E./B. Tech in Biotechnology/Bioengineering, or any other relevant discipline to participate in the summer training program starting from 22nd May'2023 for up to 5 weeks.

The program will cover following topic and accommodate maximum of ten selected applicants

(i) Microbiology & upstream processes; (ii) Downstream processes; (iii) rDNA Technology;

(iv) Bioinformatics; (v) Environmental engineering.

Last date of submission of the application form (soft copy): 17th May'2023.

Last date of submission of the application form (hard copy): 17th May'2023.

Registration fee: Rs. 6,000/- (Demand Draft drawn in favour of Registrar, NIT Agartala payable at Agartala)

Download Application form the link: www.nita.ac.in/

Contact Person: Dr. Tridib Kumar Bhowmick (tbhowmick@gmail.com), Dr. Muthu sivarama pandian M (msrpmsiva@gmail.com)

APPLICATION FORM FOR SUMMER/WINTER TRAINING 2023

DEPARTMENT OF BIOENGINEERING NIT AGARTALA

Note: Make sure endorsement of the University supervisor/ HEAD/ Competent authority is included; otherwise this form will not be processed. Original form has to be received by the NIT Agartala authority for consideration

Attach latest
photo here

Demand Draft details (to be filled by officials after selection):

Name in Full: _____

Sex: ____ Age: _____ Nationality: _____ Date of Birth (mm/dd/yy): _____

Institute: _____ Course: _____ Year: _____

Address for Communication: _____

Permanent Address: _____

Telephone Number: _____ e-mail ID: _____

ACADEMIC QUALIFICATIONS:

Name of Institution	Degree/Level of Education	Year of passing	Subjects studied	Grade/ Percentage

I hereby certify that the above statements are true and verifiable.

Signature of Applicant _____ Date _____

Endorsement from the parent institute with seal:

Head/Supervisor

Signature and seal

Date

WORK EXPERIENCE (IF ANY):

EMERGENCY ADDRESS (Give name and address of nearest relatives to contact in case emergency):

Name _____ Relationship _____

Address: _____

Telephone Number: _____ e-mail ID: _____

TRAINING DETAILS:

Date you expect to begin your training at Department of Bioengineering, if accepted: _____

Date of completion of the Training: _____

I hereby certify that the above statements are true and verifiable.

Name/Signature of Applicant _____ Date _____

[To be filled by NIT Agartala officials]

Endorsement from the Faculty/Faculties Supervising, NIT Agartala:

Supervising Faculty/Faculties

Signature

Date

Approval Head, Bio Engineering NIT Agartala:

Head

Signature and seal

Date