



# **BIOGENIX RESEARCH CENTER**

## **CENTER FOR MOLECULAR BIOLOGY AND APPLIED SCIENCE**

**KRRA 31 - KESHAVADEV ROAD - POOJAPPURA - THIRUVANANTHAPURAM**

**REG NO : 2427/14**

Phone : 0471 - 3229192  
E-mail : info@biogenixresearchcenter.com  
Web : www.biogenixresearchcenter.com

### **REGISTRATION FORM**

- 1. First Name** :
- 2. Father 's Name** :
- 3. Name of Institution** :
- 4. Degree Pursuing & Discipline** :
- 5. Year & Semester** : ..... Year ..... Semester
- 6. Duration of project with dates** : ..... Months, from ..... to .....
- 7. Field of interest for project** :
- 8. Residence Address** :
- 9. Telephone or Mobile No** :
- 10. Email id** :

**Check List:**

Enclosed DD of Rs 1000 towards registration fees in favor of  
**BIOGENIX RESEARCH CENTER** payable at Thiruvananthapuram.

(Signature of Student)