



BIOGENIX RESEARCH CENTER

CENTER FOR MOLECULAR BIOLOGY AND APPLIED SCIENCE

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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, fromto..... .
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)