

Mahavir Cancer Sansthan and Research Centre, Patna (Research/Academics)

Application Form (to be filled by the student)

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| S.No. (for office use | only): | | Jize i notogi |
| Name (In Block letter): | | | |
| Date of Birth: | | Blood Group: | |
| Qualification: | | Mobile No: | |
| Institute: | | E Mail: | |
| • | Course Applied (Under Grad | duate/ Post Graduate/Ph.D. | .) |
| (a) 15 Days | (b) 1 Month | (c) 2 Months | (d) 3 Months |
| (e) 4 Months | (f) 6 Months | (g) 12 Months | |
| M.Sc. Project Dissert | ation: M. Pharm/ M.Sc. Life Sci | ences / M. Tech | 111 |
| Ph.D. Registered (Un | iversity): | The second second | E-002 () |
| Ph.D. (Topic): | ASSESSMENT OF THE PARTY NAMED IN | THE RESERVE OF THE PARTY OF | TOWN IS |
| Ph.D. Guide Name (U | nivorcity): | THE RESERVE THE RESERVE | 190-1 (|
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| Ph.D. Co- guide Nam | e (MCSRC): | | 1 1 1 1 1 |
| Institute request letter attached: Highest degree certificate attached: | | / No No | A STATE OF THE PARTY OF THE PAR |
| The same of the sa | ate attached: Yes | / No | Course when your live of |

I hereby declare that the above information is correct and best of my knowledge. I shall be abiding with the rules and regulations of Mahavir Cancer Sansthan and Research Centre (MCSRC), Patna. In case of any indiscipline behaviour, the department/organisation can take action against me.

Name, Mobile No. & Signature (Parent/Gurdian)

Signature of Candidate

MCSRC OFFICE (Research Department)

Permission: Granted / Not granted

Supervisor

Head of Department (Research/Academic)

Research training fees

- > Rs. 5.000/- for 15 Days
- Rs. 6,000/- for 01 Month
- > Rs. 10,000/- for 02 Months
- > Rs. 15,000/- for 03 Months

- Rs. 20,000/- for 04 Months
- > Rs. 30,000/- for 06 Months
- > Rs. 60,000/- for 12 Months

Note: - Research training fees once paid will not be refunded in any circumstances.