

REGIONAL CANCER CENTRE
Thiruvananthapuram – 695 011

Application for Observation Training (15 days) at the Division of Cancer Research

1. Name of applicant :
2. Age & Date of birth :
3. Sex
4. College (Address) & University :
5. Course & Year :
6. Period for which training requested : May Ist Batch / May IInd Batch
June Ist Batch / June IInd Batch
7. Residential address with E-mail & phone No :

Endorsement from Head of the Institution

I certify that Mr/ Ms.....is a bonafide student of this institute and all the above information provided by the candidate is correct.

Name & Designation with Signature
(with Seal)

For Office Use:

Application No:

Date Received: