

**National JALMA Institute for Leprosy & Other Mycobacterial Diseases (ICMR)**  
**PO Box No. 1101, Dr. M.Miyazaki Marg, Tajganj, AGRA- 282001**

**(Application Form for Training Programmes)**

<p><b>For office use only</b></p> <p>Application No.</p> <p>Index</p> <p>Acknowledgement No.</p>
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<p>Affix a recent passport size photograph</p>
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**Applied For**

Summer training	(15 Days)	<input type="checkbox"/>	From..... to.....
Short term training	(2 months)	<input type="checkbox"/>	From..... to.....
Project training:	(Six months)	<input type="checkbox"/>	From..... to.....
	(One year)	<input type="checkbox"/>	From..... to.....

Name of the Candidate : .....

Father's / Guardian's name : .....

Date of Birth : ..... Sex: .....

Category : General  SC  ST  OBC  PH

Full postal address : .....

.....

.....

Phone No (with STD code) : ..... Mobile: .....

E-mail : .....

<b>Presently studying in</b>	BSc	<input type="checkbox"/>	MSc	<input type="checkbox"/>
	BE	<input type="checkbox"/>	M.Tech	<input type="checkbox"/>
	B.Tech	<input type="checkbox"/>	PhD	<input type="checkbox"/>

College : .....

City.....State.....

University : .....

City.....State.....

### Academic record

Exam Passed	Year	Subject	Board/Univ	Percentage of marks
10th				
12th				
Graduation				
Post-Graduation				

I hereby declared that the above information given by me is true to the best of my knowledge and belief. I am aware that providing incorrect information in the application form may result in cancellation of my candidature any time during the entire period in the Institute. I will abide by all the rules and regulations of the Institute.

Date: .....  
Place: .....

Signature of the candidate

Please make sure that you have attached photocopies of the following documents along with the application form.

- Forwarding letter from the Head of the Institution/Head of the Department
- Marksheet of 10th
- Marksheet of 12th
- Marksheet of Graduation
- Marksheet of Post-graduation
- Category Certificate