



# National Liver Disease Biobank

(DBT-ILBS initiative for Research on Hepatitis C and Liver Diseases)

INSTITUTE OF LIVER & BILIARY SCIENCES

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## Training Application Form

### **Hands on training in Biobanking**

*-Biobanking, Cryostorage, Analytical, Pathological and Molecular Techniques*

2 days training

1 week training

### **Hands on training in Biobanking, Storage & Analytical Procedure**

1 month training

### **Pathological Training**

1 month training

### **Biobanking Management & Cryostorage Training**

1 month training

Clip or staple  
two photos,  
(do not glue).  
2 photos

1. Name in block letters: Mr/Ms. \_\_\_\_\_

2. Marital Status: Married / Unmarried / Widow / Divorcee \_\_\_\_\_

3. (a) Permanent address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin: \_\_\_\_\_

4. Mobile number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

5. Date of birth: \_\_\_\_\_

6. Do you belong to any of the following categories (✓ if any)  
(Please annex documentary evidence):

(i) SC / ST / OBC / Ex Service men:

(ii) PWD (having 40% or more disability) suffering from

7. Father's/ Husband's name: \_\_\_\_\_

8. Educational Qualification: \_\_\_\_\_

9. References: (Project Investigators/University/Institute)

\_\_\_\_\_  
\_\_\_\_\_

### **Declaration:**

I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief.

Date:

Signature of the Applicant