



Avanz Bio Pvt. Ltd.

Achieving Excellence Through Biosciences
(An ISO Certified Company 9001:2015)

Internship Registration Form

Name: Dr/Mr/Mrs/Ms. (In Block Letters).....

Designation: Department/Course of study:

DOB:.....Gender:M/F Organization/College:.....

Contacts: Cell: E-mail:

Internship Title/Field:.....Duration:.....

Address for Communication:

.....

Installment	Date of Payment	Mode of Payment with details	Amount Paid	Balance if any	Receiver Signature
Total Rs.					

Declaration / Undertaking

In consideration of the Hands on training and other facility to be received by me from Avanz Bio Pvt Ltd., Chennai, I Daughter/Son of Shri Resident of Hereby declare that I shall strictly stick to the Hands on training assigned and I never disclose any of the company R & D works to anyone other than my project work. I shall not use any drugs, alcohol, cigarettes etc, and also not cause any damage to any equipment or instruments belonging to the organization.

For office use only: Register Number: Receipt Number:

Date:

Signature of the Candidate

Certificate received:..... Dated:.....