

M.P.BIRLA INSTITUTE OF FUNDAMENTAL RESEARCH 2<sup>nd</sup> Floor, M.P.Birla Research Centre, Bharatiya Vidya Bhavan Campus 43/1, Race Course Road, Bangalore – 560001 Telephone : 080-22385956 Telefax : 080-22385957

## Application No.ABC-.....

| Application form for admission to           |             |
|---|-------------|
| Advance Course in Astrobiology & Astrochemi | <u>stry</u> |

Affix a current passport size photograph here + Attach another passport size and a stamp size photograph separately

| 1. | Name   |
|----|--|
| 2. | Date of birth Male Female  |
| 3. | Educational Qualification  |
|    | Year and the course completed at MPBIFR                          |
| 5. | Contact address (preferably residence address of the applicant): |
|    |  |
|    |  |
|    | e-mail Telephone:  |

I shall abide by the rules and regulations of the Institute during the period of my course work at the M.P.Birla Institute of Fundamental Research, Bangalore.

Place: .....

Date: .....

Signature of the candidate