



GUJARAT STATE BIOTECHNOLOGY MISSION (GSBTM)

DEPARTMENT OF SCIENCE AND TECHNOLOGY, GOVERNMENT OF GUJARAT

INDUSTRIAL BIOTECH TRAINING PROGRAMME



1. Name & Address of the Company _____
(Pl. attach a business card) _____

City: _____ Pin code: _____ URL: _____

2. Status of the Company (Pl. tick): Proprietorship | Partnership | Public Ltd. | Private Ltd.

3. Contact Person identified: _____

Designation in your company: _____

Address for Correspondence: _____

☎: _____ - _____ # _____ : ☎: _____ Fax: _____ - _____
(STD code) (Office) (Extn.) (Direct)

☎: _____ (Mob) ☎: _____ - _____
(STD code) (Residence)

E-mails: _____ (PA/of gen. use) | _____ (self operated)

4. Person nominated by the Company to the IBTP Interviewing Committee: _____

Designation & Dept. in your company _____

Address for Correspondence: _____

☎: _____ - _____ # _____ ☎: _____ Fax: _____ - _____
(STD code) (Office) (Extn.) (Direct)

☎: _____ (Mob) ☎: _____ - _____
(STD code) (Residence)

E-mails: _____ (PA/of gen. use) | _____ (self operated)

5. Number of trainees, the company would be interested to accommodate:

No.	Main Field of Training	No. of trainees company can	Area of Biotechnology
1	R&D		
2	Production		
3	Quality, Assurance/Quality		
4	Management/Marketing/Regulatory/IP Affairs		
5	Services		
6	Any Other, Pl. Specify		

6. Facilities that may be available to trainees:

Hostel/Accommodation | Conveyance | Canteen | Internet

7. Tentative Duration for the training: _____ 20__ to _____ 20__

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Department of Science and Technology, Government of Gujarat

Block - 11, 9th Floor, Udyog Bhavan, Gandhinagar - 382 017

☎: +91 - 79 - 232 52197/64 (Dir) Fax: 91 - 79 - 232 52195

Email: GSBTM.IBTP@gmail.com URL: <http://btm.gujarat.gov.in>



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Government of Gujarat

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॥ जीवो ज्ञानेन पाचते ॥



8. The company will be in position to absorb how many of the trainees, post training? _____
(This is not compulsory, but a suggestive information)

9. Any other relevant information/suggestion: _____
(Pl. add more pages if deemed necessary) _____

Date: _____

Place: _____

Authorized signatory

Name, Designation with Stamp & Seal: _____



STAMP

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