Eminent College of Pharmaceutical Technology
Approved by PCI, New Delhi,
Affiliated to MAKAUT,WB & WBSCT & VE & SD,WB.,
Moshpukur ,Barbaria,Barasat,P.O: Jagannathpur,24 Pgs(N),Kolkata -700126
Website.: www.ecpt.in , Email : ecptkol@yahoo.com & researchprog@ecpt.in

Application Form

Research Training Program (Internship)-(ECPT-RTP)

For Office Use Only

Application No: Slot Schedule:

Name of the Applicant: ……..

Designation: ……..…….. **Affiliation:** ……

Address: …….……..

……

Contact No: ……..……... **Whatsapp No:** …… **Email:** …….....

Research Interest: …….……..

Duration of RTP (01- 06 months): …….

Choice of RTP –Department (Please Tick the box):

- ☐ Pharmacology
- ☐ Microbiology
- ☐ Pharmaceutical Microbiology
- ☐ Molecular Biology
- ☐ Biotechnology
- ☐ Pharmaceutical Biotechnology
- ☐ Pharmaceutical Chemistry / Medicinal Chemistry
- ☐ In-silico drug design

BANK DETAILS

Bank Name : ICICI BANK
Account Holder Name: EMINENT COLLEGE OF PHARMACEUTICAL TECHNOLOGY
Account Number : 082401003749
IFSC Code : ICIC0000824
Branch Name : BARASAT

Transaction Details

Transaction Id: ……

Transaction Date: ……

Transaction time: ……

Transaction Amount: ……

Declaration by the Applicant

I hereby declare that I/we will acknowledge the ECPT-RTP in dissertation or publications as may be the case.

.....

Signature of the Applicant
Date: _ _/_ _/_ _ _ _

IMPORTANT NOTES
1) The form must be filled out completely and properly; otherwise, it will be cancelled.
2) RTP will be confirm only after receiving the payment.