TATA INSTITUTE OF FUNDAMENTAL RESEARCH

(DEEMED UNIVERSITY)

Homi Bhabha Road, Colaba, Mumbai 400 005.

REGISTRATION FORM

SUBJECT BOA	ARD : B	IOLOG	_	1			
DEGREE	: L	M.S	c	Integ	rated M.S	cPh.I	D. Ph.D.
Name of the candid	ate						
Computer Code			Email				
Candidate's Department/Centre (Please ✓ appropriate box)				DBS, I	DBS, Mumbai		NCBS, Bangalore
Date of joining TIFR	Graduate Prog	ramme					
Max. Qualification a TIFR Graduate Prog		ning					
Date of completion	of qualifying req	uirement					
Name of Thesis Adv	/isor						
Advisor's Department/Centre (Please ✓ appropriate box)				DBS, I	DBS, Mumbai		NCBS, Bangalore
Provisional title of thesis							
Brief write-up of proposed research project			(Please attach a separate sheet)				
I hereby state that I	have not registe	ered for the	e above	Degree v	vith any other I	University	or body.
Date			Signatu the stu				
I agree to supervise	this student for	the above	e thesis i	proiect.			
Date		Signature of the Thesis Advisor					
The above details g by the Subject Boar		lent are co	orrect. T	he above	thesis propos	al and ad	visor are approved
Date		the Co	Signature of the Convener, Subject Board				
	TO BE F	ILLED BY	THE UI	VIVERSI	TY CELL, TIFF	₹.	1
Date of payment of Registration Fee	of Registration Reg		jistration nber			Date	
Signature of the Assistant Registrar (Academic)				Signature Graduate	of the Dean, Studies		