

**Application for 1 Year Post Graduate Program  
in Stem Cell Biology & Molecular Medicine (PGP – SCBMM)**

**First Name:**

**Last/Family/Surname:**

**Gender:** Male/Female

**Current Institution/Affiliation:**

**Current Program/Year:**

**Accommodation required:** Yes / No

**Address for Correspondence:**

**Phone No:**

**Email id:**

(You must provide valid email as all further communication will be sent through email)

**Demand Draft (DD) Number and Date:**

(Rs. 1000, in favor of 'Agamy Biotech Private Limited', payable at 'Pune')

**Bank Name/NEFT Transaction Reference:**

**Signature:**

**Date:**

**Please send this form along with payment to following address:**

(For enquiries, please email to: [info@icsccb.org](mailto:info@icsccb.org))

Prof. Dr. Sheo Mohan Singh  
Director, ICSCCB,  
R.H. No. 2, Ujwal Regalia,  
Near Prabhav Tech Park,  
Baner Road, Pune - 411 045,  
India

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**ICSCCB Address:**

R.H. No. 2, Ujwal Regalia, Near Prabhav Tech Park,  
Baner Road, Pune - 411045, India

Web: [www.icsccb.org](http://www.icsccb.org), Email: [info@icsccb.org](mailto:info@icsccb.org), Tel: +91-9545089202