

Membership Form

Individual Institutional

Name of the Member/Institution :

Address :

Class (for individual members) :

Biotech course being currently
pursued (if any) :

Contact Phone Number :

Email :

Preferred day(s) for Lab work :

Date:

Signature

PARENTAL DECLARATION

(For individual membership requests from school students only)

I, _____, father/mother/guardian of _____ give my unconditional consent to my son/daughter joining the Biotechnology lab of BITM, Kolkata. I declare that my ward is physically fit to take part in the activities of the lab and is not suffering from any allergic condition in general (medical certificate is required in case the child is allergic to specific substances).

(Signature of Parent/Guardian)

Note:

Please submit this form to the Curator in-charge of Biotechnology Laboratory, BIRLA INDUSTRIAL AND TECHNOLOGICAL MUSEUM, KOLKATA. Necessary membership fee will have to be deposited after the application request is accepted by BITM, Kolkata.

For assistance or further queries, please contact: Sreenu Appikonda, Curator-in-charge of Biotechnology Laboratory. Mob: 8335049927, or Sudipto Saha, Curator-in-charge, Innovation Hub. Mob: 9748598934. Email: bitmbiotechlab@gmail.com