

**Application for 6 Months Post Graduate Certificate  
in Stem cell Biology & Molecular Medicine (PGC-SCBMM)**

**First Name:**

**Last/Family Name:**

**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)

**Signature:**

**Date:**

**Please send this form to the following address by post or by email:**

(For enquiries, please email to: **icsccb2012@gmail.com**)

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

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**ICSCCB Address:**

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