**Application form**

ICAR sponsored Hands on Training Programme on “AMR Pathogens and their Mitigation from a One-Health Point of View from 2nd December to 7th December, 2024

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Full name (in capital letters) | : |  | | | | | | | | |
| 2 | Specialization |  |  | | | | | | | | |
| 3 | Details of academic qualification  (Students who have not completed degree may give percentage of marks till the last examination) | : | Degree | Year | | Subject | | University/  Institution | | % of marks | | |
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|  |  | |  | |  | |  | | |
|  | | | | | | | | | |
| 4 | Official address for correspondence | : |  | | | | | | | | | |
| 5 | Whatsapp number | : |  | | | | | | | | | |
| 6 | email.id |  |  | | | | | | | | | |
| 7 | Date of birth | : |  | | | | | | | | | |
| 8 | Sex (Male/Female) | : |  | | | | | | | | | |
| 9 | Do you belong to Schedule community(SC)? (Attach a proof of community certificate or certificate issued by the head of the institute) | : |  | | | | | | | | | |
| 10 | Whether you require accommodation? (Yes/No) | : |  | | | | | | | | | |
| 11 | No. of training programme attended in the last 2 years | : | Total no. of training attended   |  | | --- | |  | | | Under SCSP   |  | | --- | |  | | | Under TSP   |  | | --- | |  | | | ICAR   |  | | --- | |  | | | Other   |  | | --- | |  | | |

Place:

Date:

Signature of the applicant

Certificate

This is to certify that the information furnished by the applicant was checked with office record and was found correct.

Signature of the head of Institute with stamp

Enclosure: 1. Copy of community certificate/certificate issued by the head of the institute

2. Copy of Aadhar