**Application form**

ICAR (SCSP plan) sponsored capacity building training program **on *“Green extraction techniques for Marine bioactive compounds”*** organized by ICAR-CIFT from 20th - 24th January 2025

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Full name (in capital letters) | : |  |
| 2 | Degree | : |  |
| 3 | Official address for correspondence | : |  |
| 4 | Mobile No and Mail id for communication | : |  |
| 5 | Permanent address | : |  |
| 6 | Date of birth | : |  |
| 7 | Sex (Male/Female) | : |  |
| 8 | Marital status (Married/Unmarried) | : |  |
| 9 | Do you belong to Schedule caste community  (Attach a proof of community certificate or certificate issued by the head of the institute) | : |  |
| 10 | Academic qualification (UG onwards) | : |  |
| 11 | Specialization | : |  |
| 12 | Requirement for Boarding (Yes/No) | : |  |

Place:

Date:

Signature of the applicant

Certificate

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

Signature of the head of the Institute with stamp

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

2. Copy of Aadhar