

ICAR-CIFT Training Registration Form

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|---|---|
| Title of the training: | |
| Applicant details: | |
| Name of the candidate : | |
| Date of Birth (DD-MM-YYYY) : | |
| Gender (Male/ Female) : | |
| Educational qualification (highest) : | |
| Designation : | |
| Discipline : | |
| Office Address: (With state and PIN code) | |
| Correspondence Address: (With state and PIN code) | |
| Mobile No. | |
| Phone/ FAX Number | |
| Email id | |
| Professional Experience(yrs.) | |
| Title of the Training course | <i>Regular/ Comprehensive/ Specialized/ Certificate</i> |
| Fee Details (Rs.) | |
| Paid by : (Cheque /DD/Online Transfer) (in favour of Director, ICAR UNIT-CIFT, <u>A/C No.10589078336</u> , IFSC – SBIN0006367, MICR No. 682002021 ICAR-CIFT GST No. 32AAAGC0032R2ZP State Bank of India, Cochin Port Trust Branch, Willingdon Island, Ernakulam, Kerala | Cheque No.: DD No.: Online transaction details : |

| | |
|--|--|
| Payee's Bank Name and Branch (Code) | |
| | |
| Cheque/ DD/ E-transaction details with date: | |

I hereby declare that the particulars given above are correct to the best of my knowledge.

Date :

(Signature of the candidate)

Signature of the forwarding authority –
(With seal)

Signature of the recommending authority –
(With seal)