

FORMAT OF APPLICATION

MODEL TRAINING COURSE

on

Pluralistic extension for upscaling secondary fisheries

17-24 January, 2020

- 1. Name (Dr/Mr/Ms/Mrs):
- 2. Designation:
- 3. Date of Birth:
- 4. Sex: Male/ Female
- 5. Nationality:
- 6. Official address for communication:

**Affix
passport
size recent
photo**

- 7. Contact Number (with city codes):
Office (Tel):....., Office (Fax):
Mobile:
Email:

8. Academic Qualifications:

Qualification	University/ Institution	Year of Passing	Division/ Class	Percentage marks
Graduate				
Post Graduate				
Any other				

9. Details of Employment Experience of last three years

Post held	Pay scale	Organization	Period(from.....to....)

10. Area of work/research work:

11. Expectation from MTC : (How it will benefit your professional activity and your institution
(Not exceeding 100 words)

Date:
Place:

Signature of Candidate

Recommendation by the Nominating Agency:

It is certified that Dr./Mr./Mrs.-----
(designation).....working in this organization is nominated to attend
the Model Training course on **Pluralistic extension for upscaling secondary fisheries** to be
organized by ICAR-CIFT, cochin, Kerala during 17-24 January, 2020

Date:

Signature:

Name:

(Official Seal of the Sponsoring Authority)

Note:

Applications without official recommendation will not be considered.

Please send the completed and duly recommended application form to
dramulyakumar@gmail.com/ geethasankar@gmail.com **on or before December 25, 2019.**