APPLICATION FORM

Training Programme under SCSP on

Orientation on Responsible fishing and bycatch reduction devices

(16-20, December, 2024)

|  |  |
| --- | --- |
| Name of the candidate |  |
| Date of Birth(DD-MM-YYYY) |  |
| Gender |  |
| Caste (attach a copy of caste certificate) |  |
| Name of the University& College, | Year of passing | Discipline/ Subject | OGPA/%mark |
|  |  |  |  |
| Address(With state name and PIN code) |  |
| Requirement of accommodation (yes/No) |  |
| Mobile number and Email ID |  |

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

Date: (Signature of the candidate)