

REGISTRATION FORM

NOMINATION FORM FOR PARTICIPATION IN WINTER SCHOOL
(to be sent to the course Director/Course-coordinators)

**“Molecular Breeding Approaches for Genetic Enhancement of Millet
Crops”**
(January 6-26, 2014)

| | | |
|-----|---|--|
| 1. | Full name (in block letters) | |
| 2. | Designation | |
| 3. | Present employer and address | |
| 4. | Address for Correspondence (in block letters) | |
| 5. | Telephone | |
| 6. | Mobile | |
| 7. | Email ID | |
| 8. | Fax | |
| 9. | Permanent Address | |
| 10. | Date of Birth | |
| 11. | Sex | |
| 12. | Marital status | |
| 13. | Academic qualification | |
| 14. | Teaching/research/professional experience (mention post held) during the last 5 years and number of publications | |
| 15. | Please mention, if you have participated in any research seminar, summer/winter/short course. etc. during the previous 5 years under ICAR/other organizations | |

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| 16. | Please briefly mention your motivation to undergo this training course and how would you utilize the knowledge gained during the training | |

Registration fee

Payment details

Postal order No. _____ dated _____ of 50/- (Not refundable) for registration of application.

Signature of the applicant

Date:

Place:

Recommendation of the forwarding authority.

Signature with official Seal

Date: