

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	

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: