Nomination Form for Training Programme

Soil, Plant and Water Analysis for Nutrient Recommendation in Horticultural Crops January 06-10, 2025

1. Full Name (in block letters)	:	
2. Designation	:	
3. Discipline	:	
4. Date of birth and Gender	:	
5. Name of the Organization	:	
6 Address	•••	
7. E-mail ID	••	
8. Mobile Number	•	
9. Whether accommodation is required at ICAR-IIHR Guest house		Yes / No
10. Is applicant ICAR employee	•	Yes / No*
IN ICAR INT	. 1	. 1 . 6

It is certified that, the information given above is correct

Signature of the Applicant with date

The particulars given by the applicant are correct and the nomination is recommended

Signature of the Forwarding Authority with date

Signature of the Sponsoring Authority

Official Stamp

^{*}Non-ICAR candidate training fee has to be paid after nomination confirmation