**ICAR – Indian Institute of Horticultural Research**

**Hessaraghatta Lake, Bengaluru 560089, Karnataka**

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**Training programme for technical staff of ICAR on**

**“Quality evaluation of fresh fruits and vegetables and their processed products”**

**February 14-23, 2017**

**Nomination Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Name of the applicant | | : | Dr/Mr/Ms/Mrs | | |
| 2 | Date of Birth | | : | (DD/MM/YYYY) | | |
| 3 | Sex | | : | Male / Female | | |
| 4 | Designation | | : |  | | |
| 5 | Experience (Years) | | : |  | | |
| 6 | Present employer and address | | : |  | | |
| 7 | Mailing address for correspondence | | : |  | | |
| 8 | E-mail | | : |  | | |
| 9 | Fax | | : |  | | |
| 10 | Phone | | : |  | | |
| 11 | Mobile | | : |  | | |
| 12 | Whether accommodation is required in the trainees’ hostel: Yes / No | | | | | |
| 13 | Educational Qualifications / Academic Record | | | | | |
| **Exam Passed** | | **Year of Passing** | | | **Marks / Class** | **University / Institution** | |
| SSLC / 10th Class | |  | | |  |  | |
| PUC / 12th Class / JOC | |  | | |  |  | |
| Degree / Diploma | |  | | |  |  | |
| PG / Any Other | |  | | |  |  | |

(Signature of the applicant)

**Nominationby the Head of Institution/ Competent Authority**

Candidature of Dr. /Mr. /Ms. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_working as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is recommended and forwarded for inclusion in the training programme. It is certified that the information furnished above is correct and the travelling expenses (TA & DA)for participation will be paid by this office.

(Signature & seal of the Competent Authority)

Name:

Designation: