**ICAR – Indian Institute of Horticultural Research**

**Hessaraghatta Lake, Bengaluru 560089, Karnataka**

E-mail: director@iihr.res.in; pht@iihr.res.in; Fax: +91 80 28466291;

Phone: +91 80 -23086100

Website: http://www.iihr.res.in

 **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: