

APPLICATION FORM FOR PARTICIPATION IN SUMMER/WINTER SCHOOL / SHORT COURSE

(To be send direct to Director of Summer/winter school/short course concerned and not to
Indian Council of Agricultural Research)

1.	Full name (in full)	:			
2.	Designation	:			
3.	Present employer and address	:			
4.	Address to which reply should be sent (in block letters)	:			
5.	Permanent Address	:			
6.	Date of birth	:			
7.	Sex	:	Male _____ Female _____		
8.	Teaching/research/professional experience (mention posts held during last 5 years and number of publication)	:			
9.	Marital status	:			
10.	Mention, if you have participated in any research seminar/summer/winter school/short course etc. during last five years under ICAR/other organizations	:			
11.	Post Order No. _____ Date. _____ for Rs.50/- for registration of application	:			
12.	Academic record				
	Examination passed	Subject main/ subsidiary	Year of passing	Class, ranks distinctions etc.	University or institutions
	Bachelor's degree				
	Master's degree				

Date :
Place :

Signature of the Applicant

It is certified that the information was furnished by the record and was found correct.

11. Recommendation of the forwarding institution :

Date :

Signature and designation
with address

PARTICULARS OF TEACHERS / SCIENTISTS FOR ATTENDING SEMINAR / SYMPOSIUM / SUMMER SCHOOL / WINTER SCHOOL

1. Name of the seminar / conference :
etc. with date and venue
2. Name and designation of the :
applicant
3. Qualification with specialization :
and particulars
4. Status of submitted paper etc. :
5. Conference / seminar last attended :
during the current calendar year
and number of the conference /
seminar etc. attended during the
previous two calendar years.
6. Financial sources for the :
participation (TA/DA and
registration fee etc.)
7. Alternate arrangement of the work :
during the absence of the
applicant
8. Any other information relevant for :
consideration of the case of the
applicant

Signature of the Applicant

Recommendation of the Controlling Officer

Controlling Officer

Note : Controlling Officer is to send the application of the applicant along with his recommendation to the concerned authority.

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT TO THE CONCERNED DEAN

Name of the Training Course :

Last date of application :

Sl. No.	Name of the teacher / scientist with designation	Detail of the present seminar / symposium / training etc.	Status of candidates paper etc.	Total no. of claimants and recommendations in order of preference with justification	Source of funding	No. of conference / symposium etc. attended by the candidate during last two calendar years

Head of the Department should recommended maximum two names keeping in view the availability of funds and alternative arrangement of the work so as to reach the Dean, PGF-cum-DRI 15 days before the last date of seminar / symposium etc. through the Dean concerned. Application form of the selected candidates should be sent along with the proforma.

Recommendation of the Dean

Signature of the Head of the Department

Signature of the Dean