## NOMINATION FORM FOR TRAINING

Training Code: [ALSBTHub - 2024-25/01]

- 1. Name of the applicant:
- 2 Sex: Male/Female:
- 3. Designation:
- 4. Highest Qualification: Discipline/Dept.:
- 5. Name of organization:
- 6 Category: Teacher/Researcher/Post-graduate scholar/Graduate student
- 7. Address for communication:
- 8 Telephone No.:
- 9. WhatsApp No.:
- 10. E-mail address:
- 11. Have you attended similar training earlier?

If yes, furnish details:

- 12 Details of working experience, if any:
- 13. Do you require accommodation?

Signature of the applicant

## Nomination:

I do hereby nominate \_\_\_\_\_\_\_\_ for participating in the trainingprogramme on "Basic to advanced bioinformatics tools for application in biological research" organized by the DBT-funded Advance Level State Biotech Hub (Assam), College of Veterinary Science, A.A.U., Khanapara, Guwahati from 20<sup>th</sup> - 26<sup>th</sup> September, 2024.

Office seal

Signature of the Nominating Authority

NB: Already passed out or independent candidate can avoid nomination part but need to fill the rest.