

NOMINATION FORM FOR TRAINING

Training Code: [DHR-ICMR – 2024-25/01]

1. Name of the applicant:
2. Sex: Male/Female:
3. Age (in years):
4. Highest Qualifications & Discipline (Graduate/ PG/PhD):
5. Designation (current status):
6. Name of organization/department:
7. Category: Teacher/ Researcher/ Veterinary Or Medical Officer/ Post-graduate scholar etc.
8. Address for communication:
9. Telephone No.:
10. WhatsApp No.:
11. E-mail address:
12. Have you attended similar training earlier?
If yes, furnish details:
13. Details of working experience, if any:
14. Do you require accommodation? (Yes / No)

Signature of the applicant

Nomination:

I do hereby nominate _____ for participating in the training programme on “**Molecular diagnostic techniques for detection of infectious disease pathogens**” organized by the Department of Animal Biotechnology, College of Veterinary Science, A.A.U., Khanapara, Guwahati-781022 from 8th August to 6th 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.