



REGISTRATION FORM

Advanced Training in Aquaculture Nutrition and Feed Technology

From 3rd to 12th January, 2018

1. **Full Name (Block Letter)** :
2. **Designation** :
3. **Address for communication** :
4. **Mobile number** :
5. **Email** :
6. **Date of birth** :
7. **Gender** :
8. **Academic qualification** :
9. **Working experience** :

Course fee details: (Fee Rs.10030/- including service tax)

DD. No :

Dated:

Name of the bank:

Declaration by Applicant

I hereby declare that I have read and understood the conditions of eligibility for the program. I fulfil the minimum eligibility criteria and I have provided the necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the Director, ICAR, CIBA at any time and I shall not be entitled for refund of any fee paid by me.

Place:

Date:

Name and signature of the applicant