**Annexure - I**

**ICAR - Central Institute of Brackishwater Aquaculture**

**Application for Training Course**

1. Title of the Training Course :

2. Name of the Candidate : (in capital letters)

3. Educational Qualification :

4. Occupation/Designation :

5. Complete postal address, e-mail id

and mobile number. :

6. Date of Birth/ Nationality/Sex :

7. Whether SC/ ST

(if 'yes', attach proof certificate) :

8. Nature of training required in

Brackishwater Aquaculture :

9. Particulars of course fee/

DD enclosed :

10. Are you being sponsored?

If 'yes', give name and

address of the organization :

(Recommendation of sponsoring authority with signature and office seal)

Date: Signature of the

Place: Applicant

**For Detailed Training Calendar 2021-22, visit our website: www.ciba.res.in**

**ICAR - Central Institute of Brackishwater Aquaculture- Contact details**

**Headquarters**

Director

ICAR-Central Institute of Brackishwater Aquaculture

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**Muttukadu Experimental Station**

Officer-in-Charge

Muttukadu Experimental Station of ICAR-CIBA Kovalam Post

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Officer-in-Charge

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**Navsari Gujarat Research Centre**

Officer-in-Charge

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