

ICAR-Central Institute of Brackishwater Aquaculture, Chennai

Application for Training Course

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| 1 | Title of the course | |
| 2 | Nature of training required in brackishwater aquaculture | |
| 3 | Name of the candidate (in Capital Letters) | |
| 4 | Sex | |
| 5 | Date of Birth | |
| 6 | Nationality | |
| 7 | Highest Educational Qualification | |
| 8 | Category (Aqua Farmer / Fisher / Farmer / Aqua Technician / Input Dealer / Input Supplier / Aqua Industry / Aqua Marketing / State Government / Central Government / Development Boards/ Commercial Banks / Other Financial Institutions / Research Scholar / Student / Others (Please specify) | |
| 9 | Designation if employed, name and address of the employer | |
| 10 | Complete postal address with Pincode | |
| 11 | Individual Email id | |
| 12 | Mobile Number | |
| 13 | Whether belong to SC/ST Category (if yes, please attach the relevant proof) | |
| 14 | Particulars of the course fee DD /.NEFT UTR Number etc. | |
| 15 | Are you being sponsored? If yes please give the name and address of the sponsoring organization | |

**Recommendations of the sponsoring
Authority and signature with office seal**

Date:

Place:

Signature of the applicant

Please send the filled application to the Director, ICAR-CIBA. E-mail: director.ciba@icar.gov.in

For Detailed Training Calendar 2022-23, visit our website: www.ciba.res.in