 **ICAR-CENTRAL INSTITUTE OF BRACKISHWATER AQUACULTURE**

**75, Santhome High Road, Raja Annamalaipuram, Chennai – 600 028.**

**Phone: 91-44-24610565/6948/8817; Fax: 91-44-24610311**

***E-mail: director.ciba@icar.gov.in; website: www.ciba.res.in***

**GOVT. OF INDIA NATIONAL PROJECT**

**GENETIC IMPROVEMENT PROGRAMME ON**

 **INDIAN WHITE SHRIMP (*Penaeus indicus) – GIPPI***

Inviting Expression of Interest from shrimp farmers for empanelment -

To take up on-farm trail of genetically improved *P. indicus*

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| ***Preamble:***ICAR CIBA is implementing a national flagship project on ‘Genetic Improvement Programme of Indian White Shrimp (*Penaeus indicus*)’ with an objective of developing genetically improved *P. indicus* shrimp (GIPPI) broodstock and production of GIPPI shrimp seeds. As part of the project ICAR-CIBA will be supplying GIPPI *P. indicus* seeds with required basic inputs (at cost basis) to the empaneled shrimp farmers to ascertain the production potential of the GIPPI shrimp through conduction of multi-location on-farm trails. The net profit earned over the expenses may be shared between CIBA and the farmer on 20:80 basis as per the terms and conditions detailed in the agreement to be signed. Interested shrimp farmers may apply for empanelment by submitting the duly filled proforma enclosed. The duly filled-in proforma may be submitted to the Director, ICAR-CIBA by an e-mail or post (*director.ciba@icar.gov.in*.) For further clarifications, please contact Dr. Akshaya Panigrahi (*akshaya.panigrahi@icar.gov.in*), Principal Investigator, GIPPI-CIBA and the **last date for submission of the same is on 15.02.2023 by 11.59 PM.** |

*PROFORMA*

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| Name of the shrimp farmer, contact number & E-mail | Full Name:Contact Number:E-mail ID:  |
| Full address of the farm  | Village: Taluk/Mandal:District:State: |
| Farm Registration  | CAA/Dept. of Fisheries/MPEDA |
| Farm size ( water spread area) in ha & Average pond size in ha | Water spread area in ha……….Average pond size in ha………Average age of the ponds in years…… |
| Farm water source | Seawater /brackishwater creek/River /Low saline water/Others, specify………………………… |
| Whether your farm has adequate farm infrastructure and follow the biosecurity measures (reservoir, farm fencing, bird fencing, farm gate, disinfection dips, central drain, ETP, nursery, power & generator back up & record maintenance, etc.) | Yes/No |
| Shrimp/fish species being farmed at present | Shrimp species…………………..Fish species …………………….. |
| Farming experience in years | * < 10 years/ 11-20 years/ > 20 years
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| Technical Guidance / farming advisor at present  | * Own/ fellow farmers/input dealers/ consultant
 |
| Previous experience of Indicus shrimp farming  | Yes/No |
| Have you worked previously with ICAR-CIBA or any research institute for on-farm trials | Yes/No.If Yes specify the institute and trail details……………….. |
| Are you willing to sign an MoU with CIBA in this regard | * Yes/No
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| I fully understand that CIBA’s responsibility in the Indicus shrimp farming trial are:* + Provision of healthy Indicus seed ( ……..No. of PLs/ha)
	+ Provision of quality feed (Quantity…………….)
	+ Technical guidance/Advisories………
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| Farmer’s responsibility in the Indicus shrimp farming trial are:* + Access to the designated CIBA staff to enter the farm and monitor the practices
	+ Adoption of regular farming protocols – BMPs ( Pond preparation to harvest)
	+ Application of probiotics and medicines
	+ Regular farming operations – water quality, feeding, sampling etc.
	+ Record keeping of all the data and parameters and sharing them with CIBA
	+ Regular reporting of farming particulars to the designated CIBA person
	+ Any other information/data required for CIBA
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| **Declaration:** I hereby declare that the information furnished above is true, I fully understood the responsibilities of the farmer partner in the trial and I assure that I will cooperate to my fullest ability and resources. Further, I understand that ICAR-CIBA is not liable for any damages caused to my farm due to natural calamities, action by a statutory authority or otherwise. |
| **Signature of the farmer with date:** |  |
| Recommended that the farmer is capable of undertaking the on-farm trial of Indicus shrimp and the farm has required facilities. |
| **Signature with date:** Office Seal:*(Fishery Extension officer of the Department of Fisheries of the State Government/ MPEDA / Farmer Association/ Faculty member in Fisheries College / ICAR- Scientist )* |  |