

Application for training in ICAR Short course  
on

**“Multipronged approaches for the diagnosis and surveillance of brucellosis”**  
(20.11.2012 to 29.11.2012)

1. Full name:
2. Designation:
3. Discipline:
4. Sex:
5. Date of birth:
6. Correspondence address:
7. City:
8. Pin code:
9. Fax:
10. Phone (O):
11. Mobile:
12. Email:
13. Academic qualification:

Degree	Subject	Year of passing	University

14. Work experience:

Organization	Position held	Year	Nature of work

15. Mention in brief if you have participated in any other training program conducted by ICAR/  
other organization.

16. Need for the training and how the training will be helpful in your activities.

Date:

Signature of the applicant

Place:

Recommendations of the forwarding institute.

Signature with seal