**Division of Plant Pathology**

**ICAR-Indian Agricultural Research Institute**

**New Delhi 110 012**

**Application form for training programme on “Whole genome sequencing of plant pathogens: Methods and Applications” from December 29, 2017 to January 18, 2018.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name** | | : |  | | | | | | | |
| 1. **Gender (Male or Female or others)** | | : |  | | | | | | | |
| 1. **Present position** | | : |  | | | | | | | |
| 1. **Age and date of birth** | | : |  | | | | | | | |
| 1. **Communication address** | | : |  | | | | | | | |
| 1. **Phone** | | : | **Office** | | | **Residence** | | | **Mobile** | |
|  | | |  | | |  | |
| 1. **Fax (if any)** | | : |  | | | | | | | |
| 1. **E-mail (Official)**   **Email (Personal)** | | : |  | | | | | | | |
| 1. **Permanent address (For use in case of emergency)** | | : |  | | | | | | | |
| 1. **Educational qualifications (From Graduation onwards)** | |  |  | | | | | | | |
| **Degree** | **Subject** | **Year** | | **Percentage of marks/Division** | | | **Name of the University** | | | |
| **i.** |  |  | |  | | |  | | | |
| **ii.** |  |  | |  | | |  | | | |
| **iii.** |  |  | |  | | |  | | | |
| **iv.** |  |  | |  | | |  | | | |
| **v.** |  |  | |  | | |  | | | |
| 1. **Research experience** | |  |  | | | | | | | |
| 1. Area of research | | : |  | | | | | | | |
| 1. Publications during last five years (Please Attach List) | | : |  | | | | | | | |
| 1. Indicate the future plans on utilizing the technical expertise gained from the training programme in your research (Attach Separate Sheet if necessary) | | : |  | | | | | | | |
| 1. Indicate whether you have attended for summer/winter school / training programme earlier | | : |  | | | | | | | |
| 1. **Write in brief (not exceeding 100 words) about the expected benefits of this training.** | |  |  | | | | | | | |
| 1. **Food preference**   **(Veg/Non Veg)** | | : |  | | | | | | | |
| 1. **Arrival information** | | : | Train No | | From | | | Date | | Time |
|  | |  | | |  | |  |
| 1. **Departure information** | | : | Train No | | To | | | Date | | Time |
|  | |  | | |  | |  |

**Signature of the Applicant**

**Endorsement & Seal of the Head of Department/Head of the Institution**