



Expression of Interest (EOI)
Collaborative Engagement for Monthly “SMART Workshops” on Agri and Allied Genomics

PUSA Krishi, ZTM&BPD Unit, ICAR-IARI, invites Expressions of Interest (EOI) for collaboration in conducting monthly “SMART Workshops” on Agri and Allied Genomics.

The workshops will be organized in **hybrid mode (offline + online)** with monthly frequency and rolling enrolment. Calls for Applications will be jointly published and managed through the **PUSA Krishi platform**. Applications will be invited from students, Indian startups, scientists, entrepreneurs, budding researchers, young professionals, startup teams, and individuals interested in developing skills in **Genome Analysis**.

Timeline:

Application Start Date: **04.09.2025 (9:00AM)**

Application End Date: **25.09.2025 (5:00PM)**

Roles and Responsibilities under the Collaboration:

Partner Organization (Interested Firm/Institute):

- Deploy its platform for workshop delivery.
- Provide expert-led sessions, mentorship, and technical expertise.
- Partner Organization should be a technology/ innovation led company.
- Design and manage co-branded communication materials.
- Handle enrolment, fee collection, and participant management.
- Bear all expenses related to the conduct of SMART Workshops.

PUSA Krishi, ZTM&BPD Unit, ICAR-IARI:

- Provide physical venue and IT infrastructure for offline sessions.
- Nominate a coordination point of contact for smooth execution.
- Extend seating and workspace for a Genome Analyst.

Joint Responsibility:

- All workshop-related materials, banners, certificates, and communication assets will feature the **co-branding** of PUSA Krishi and the Partner Organization.
- Participants will be awarded **co-branded certificates** on successful completion.

Financial Model:

- The Partner Organization will propose a revenue-sharing model.
- Fees will be collected in advance by the Partner Organization.
- PUSA Krishi’s share will be transferred periodically to its designated revenue account.

Objectives:

This collaboration seeks to **build capacity in agri-genomic data analysis** including:

- Next-Generation Sequencing (NGS)
- Trait Mapping
- Marker-Assisted Selection
- Variant Calling

By enabling skill development in these areas, the workshops will contribute to **agriculture-linked Sustainable Development Goals (SDGs)** and foster innovation in the agri-genomics ecosystem.

Sincerely,
CEO

PUSA Krishi, ZTM&BPD Unit, ICAR-IARI

Note: Applications will be accepted only in the prescribed form (Annexure-I)



PUSA KRISHI
ZONAL TECHNOLOGY MANAGEMENT & BUSINESS PLANNING AND
DEVELOPMENT UNIT
ICAR – Indian Agricultural Research Institute New Delhi – 110 012



Application Form

For Expression of Interest (EOI) – Collaborative Engagement to Conduct Monthly “SMART Workshops” on Agri and Allied Genomics (To be submitted to PUSA Krishi, ZTM&BPD Unit, ICAR-IARI)

Section A: Organization Details

Name of the Organization / Firm / Institution	
Type (Startup / MSME / Pvt. Ltd. / LLP / NGO / Academic Institute / Other)	
Year of Establishment	
Registration Number & Date (Attach copy)	
PAN / GST Number	
Official Address	
Website (if any)	

Section B: Authorized Representative

Name	
Designation	
Contact Number	
Email ID	

Section C: Relevant Experience & Expertise

1. Experience in Conducting Training/Workshops (attach supporting documents): _____
2. Years of Domain Expertise in Agri/Allied Genomics or Related Fields (Attach relevant Documents): _____
3. Details of Key Experts/Resource Persons Proposed: _____
4. Digital/Online Platform Capability (for Hybrid Workshops): _____

Section D: Proposal for Collaboration

1. Proposed Role & Contribution (in line with EOI): _____
2. Proposed Revenue Sharing Model: _____
3. Additional Support/Value-add Offered by the Firm: _____

Section E: Declarations

- We hereby declare that the information furnished above is true and correct to the best of our knowledge.
- We agree to abide by the terms and conditions laid down in the EOI.
- We understand that submission of this application does not guarantee selection.

Date: _____

Authorized Signatory: _____

Place: _____

Name & Designation: _____

(Seal/Stamp of the Organization)