

Application for Training Programme (Form 1)

**Bio Control Lab, Department of Plant Pathology
Chandra Shekhar Azad University of Agriculture & Technology, Kanpur**

1.	Name of Candidate:	Photo				
2.	Father's/ Mother's Name					
3.	Date of Birth (DD/MM/YYYY)					
4.	Adhaar No.					
5.	Address for correspondence:					
	E mail ID:					
	Mobile no.:					
6.	Permanent Address:					
	E mail ID:					
	Mobile no.:					
7.	Academic Record :					
	Examination passed	Institution/Board /University	Subjects with major	Year	Class/ Division	Percentage of marks obtained
	High School					
	Intermediate					
	B.Sc. / B. Tech.					
	M.Sc. / M. Tech.					
	Ph. D.					
	Other					
8.	Module					
9.	Duration					

10.	Registration Fee details:		
	Declaration: I have read all the terms and conditions and hereby agree to abide by all the conditions.		
	Date: Place:		Signature of the candidate
Forwarded by In-charge Biocontrol lab with seal		Head of the Department With seal	