Centre of Excellence on Soil and Water Management

Research, Testing & Training Centre, Junagadh Agricultural University, Junagadh 362001

Model Training Course on Water Security and Challenges in the Arena of Climate Change (December 14 – 21, 2016)

REGISTRATION FORM	R	Е	Gl	I S	Т	R	A	Т	I	0	Ν	FORM	l
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NAME (BLOCK LE	ETTERS)								
Gender		Male/Female							
Date of Birth									
Department									
Mailing Address									
Telephone with STD	code	Office:		Cell:	Cell:				
		Residence:		Fax Numbe	Fax Number:				
E-mail :									
Academic record :		-							
Exam	Year of Board/University		Class	Main	Other information if				
	Passing			Subjects	any				
Bachelor degree									
Master degree									
Ph.D.									
Any other (pl.									
specify)									
Experience (mention post held):									
Mention if you have participated in any similar Training									
Course during the previous years									
Guest House Accom	modation req	uired	Yes/No						
Place:									
Date:			Signature of the Applicant						
The details furnished by the Candidate are correct based on verification of records available in the office and the									
undersigned recommend the candidature for the training									
Place:									
Date:			Sig	gnature of the C	Competent Authority				

1. The candidate may send the scanned copy of his/her application duly signed by him and his/her sponsoring authority through proper channel.

Incomplete application form will not be entertained.
For additional copies of the registration form, please Xerox or type in the format given.