

APPLICATION FORM FOR ATTENDING WORKSHOP
ON
FUNGAL BIOLOGY AND TAXONOMY
(25th - 30th March 2013)

Name:.....
 Designation:.....
 Affiliation:.....
 Address:(Correspondence).....

 Email:.....
 Sex:Accommodation required:Yes / No
 Mobile/Land line No.:.....

Educational qualifications of the participant:

Degree	Subject	Specialization
Post Doctoral Degree		
Ph. D.		
M. Sc.		

Major Research Area

Professional Experience and R&D Projects (Title/Funding agency):

01.	
02.	

Previous Training/Workshop Attended:

01.	
02.	

Research Publications (Recent):

01.	
02.	

How this workshop/training would benefit in your future endeavours (minimum 50 words):

Date:

Signature of Candidate

Date:

Head of Institution/ Head of the Department