## KARNATAKA VETERINARY, ANIMAL AND FISHERIES SCIENCES UNIVERSITY, BIDAR

## COLLEGE OF FISHERIES, MANGALURU-575 002 SKILL DEVELOPMENT IN FISHERIES AND SAFETY TRAINING CENTRE



## APPLICATION FOR TRAINING PROGRAMME

1.	Name and Address of with Mobile No. and a					PASS PORT PHOTO
2.	Date of Birth (DD/MM	M/VV) .				
3.	Father's Name					
<i>3</i> . 4.	Aadhar No.					
5.	Gender/ Caste					
6.	Single/ Married	•				
7.	_	qualifications:				
	Qualification	University/	College/ Ins	stitute	Year of Pass/ Incomplete	Percentage
8.	Experience :					
	Organization	Job Title	Duration		Remarks	
			From	То		
9.	Any other information	1:				
		DECL	ARATION	[		
pplic the elated	ation are true/ correct to undersigned affirm that d activities, strive to pas ag endeavors that shall r	o the best of my kno at I will diligently as ss the course, prepare	hereby of whedge and attend and personal and submi	leclare tha belief. If a participate t all trainir	admitted to the training page requirements and	nining program programme and and pursue post-
lace:						

Date:

e: Signature of the Candidate