

Regional Capacity Building Programme
on
Application of Modern Biotechnological Tools
for Management of Aquatic Genetic Resources
(Virtual)

December 2021 to January 2022

Application Form

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| Affix Recent Passport size Photograph |
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|---|---------------------|--|
| Title (Dr/Mr/Ms/Mrs) | Gender (M/F) | |
| First Name | | |
| Middle Name | | |
| Family Name | | |
| Designation/Job title | | |
| Organization (with address) State/Province City Postal/Zip Code Country | | |
| Nationality | | |
| Date of Birth (age in years) | | |
| Address (as in passport) State/Province City Postal/Zip Code Country | | |
| Passport No. | | |
| Date of Issue of Passport | | |
| Date of Expiry of Passport | | |
| Email (give primary and alternate email, if available) | | |
| Mobile No. | | |
| Phone No. | | |
| Fax No. | | |

| Educational Qualifications (Ph.D./Postdoc/Young Scientist/any other) | | | |
|---|-------------|-------------------|-----------------------------|
| Degree | Year | Subject(s) | University/Institute |
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How did you find about the training (Restrict to 100 words)

Describe your responsibilities and job description: (Restrict to 300 words)

How will this training help you? (Restrict to 300 words)

I am interested in participating in following of the Modules of training programme (X mark):

Module 1: Genetic Diversity and *Ex-Situ* Conservation ()

Module 2: Aquatic Animal Diseases and Biosecurity ()

Module 3: Genomics and Bioinformatics ()

Full Name of Applicant.....

Date..... Signature.....

Remarks and Recommendations of the Host Organization (Please state clearly the strong and weak points about applicant and how this training will be useful for your organization/country)

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Date..... Signature.....Place.....

Name of Forwarding Authority.....

Seal.....