INDIAN COUNCIL OF AGRICULTURAL RESEARCH
KRISHI BHAVAN: NEW DELHI-1

F.No.ADMN/7/_122_ /2017-WS   Dated the 06th November, 2017.

OFFICE MEMORANDUM

Subject: Training Programme for technical staff on "Identification of Insects pests/vectors/their damaging symptoms and management" during 21.11.2017 to 04.12.2017 at IARI, New Delhi.

The Course Director, Indian Agricultural Research Institute, New Delhi has invited nominations for training Programme on "Identification of Insects pests/vectors/their damaging symptoms and management" during 21.11.2017 to 04.12.2017 at IARI, New Delhi. The details of the programme are as under:-

Objective of the Course:

1.   To impart knowledge about identification of different insect pests and their natural enemies.
2.   To impart training on mass rearing techniques for different insect pests and natural enemies.
3.   To impart training on technical knowhow of integrated pest management.
4.   To impart hands on training on different entomological instruments.

Eligibility Conditions: This Course is intended for technical personnel of ICAR.

The Officers, who are desirous to attend the said traning programme may send their nomination in the enclosed proforma through proper channel latest by **08.11.2017** for onward transmission to IARI, New Delhi.

The applicants will not be allowed to withdraw their nominations after acceptance by IARI, New Delhi.

(Suparna Dasgupta)
Under Secretary(WS)

DISTRIBUTION:
1.   All Technical personnel of ICAR Hqrs, KB.,/KAB-I&II/NASC.
2.   DKMA, for uploading this O.M. on the ICAR website.

APLLICATION FORM
(To be sent directly to the course director)

Identification of Insect Pests/Vectors/Their Damaging Symptoms and Management
(Nov. 21- Dec. 04, 2017)

1. Full Name (In block letters): _____

2. Designation: _____

3. Present employer and address: _____

4. Correspondence address: _____

Fax: _____

E-mail: _____

Mobile: _____

5. Date of birth & Age: _____

6. Sex: Male/Female : _____

7. Work experience: ….years

8. Educational qualifications: _____

Date:

Place: Signature of the applicant

Recommendation of the Forwarding Authority:

Date:

Signature and Seal: