KARNATAKA VETERINARY, ANIMAL AND FISHERIES SCIENCES UNIVERSITY, BIDAR COLLEGE OF FISHERIES, MANGALURU–575 002 SKILL DEVELOPMENT IN FISHERIES AND SAFETY TRAINING CENTRE

ANNEXURE

	PASS PORT PHOTO
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1. Name and address of the candidate : with Mobile No. & E-mail ID

2. Date of Birth (DD/MM/YY) :3. Father's Name :

4. Name of the Position :

5. Title of the Project :

6. Details of educational qualifications (enclose certificates):

Qualification with Specialization	Name of the University/ College/ Institute/ School	Year of passing	OGPA/ Percentage

7. Experience (indicate nature and period of work, organization where work was carried out, enclose certificates) :

Organization	Nature of work/ experience	Duration	Remarks

8.	Any other information (enclose relevant certificates if any):

DECLARATION

l	Ihereby declare that all the statements made in this application
E	are true/correct to the best of my knowledge and belief. My candidature/appointment may be cancelled
١	without notice/ reason if any information is found false/ incorrect and not satisfied during work/ service.

Place:

Date: