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

		ANNEXURE				
1.	Name and Address of the Can with Mobile No. & E-mail ID				PASSPORT PHOTO	
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 Qualifi	cations (enclose certificates	s):			
	Qualification with	·	nme of the University/ College/		OGPA/	
	Specialization	Institute		passing	Percentage	
7.	Experience (indicate nature enclose certificates):	and period of work, organ	nization whe	re work w	as carried o	
		re of Work/ Experience	Duration	Re	Remarks	
		•				
 。	Any other information (analog	co relevent cortificates) :				
8. 	Any other information (enclose	se relevant certificates).				
		DECLADATION				
		DECLARATION				
		haraby dealers that all	the statemen	to modo in	thic applicati	
ru	e/ correct to the best of my kno					

Place:

Signature of the Candidate Date: