**International Training Course *In Vitro* and Cryopreservation Approaches for Conservation of Plant Genetic Resources**

**November 5-19, 2019**

Application Form

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| **Title (Dr/Mr/Ms/Mrs)** | |  | **Gender (Male/Female)** |  |
| **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.** |  | | | |

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| **Educational Qualifications (B.Sc./M.Sc./Ph.D./any other)** | | | |
| **Degree** | **Year** | **Subject(s)** | **University/Institute** |
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| How did you find about the training: (Restrict to 100 words) |
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| Describe your duty and job description: (Restrict to 300 words) |
| How will this training help you? (Restrict to 300 words) |
|  |

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…………………………………………………