



APPLICATION FOR ATTACHMENT TRAINING PROGRAM

ICAR-INDIAN INSTITUTE OF PULSES RESEARCH, KANPUR

URL: www.iipr.icar.gov.in

(ISO 9001:2008)

NAME OF CANDIDATE		
DATE OF BIRTH		
AADHAR NO.		
PERMANENT ADDRESS		
ADDRESS FOR CORRESPONDENCE		
MOBILE: 9115056807		
AREA IN WHICH TRAINING REQUIRED		
DURATION OF TRAINING	3 months ☐ 6 months ☐	
PREFERRED PERIOD	From:	To:

ACADEMIC RECORDS

Examinations	Board/ University/ Institution	Subjects	Year	Percentage/O GPA	Class
10 th					
12 th					
B.Sc./B. Tech					
M.Sc./M. Tech					

(Provide self attested copies of all relevant documents)

Declaration: I have read all the terms and conditions and hereby agree to abide by all conditions

Date:

Signature of Candidate

Forwarding by the Head of the Institute/
University/Department with Seal

Note: Read General Guidelines before filling the Application