



**College of Fisheries, Central Agricultural University (I), Tripura**  
**Professional Certificate Training Course on**  
**“Aqua Clinics & Aquapreneurship Development Programme (AC&ADP)”**

**APPLICATION FORM**

1	Name of the Candidate	
2	Name of Father/Spouse	
3	Date of Birth	
4	Sex (Male / Female)	
5	Permanent Address Village and Panchayat Block /Mandal District State & PIN code	
6	Address for Correspondence	
7	Educational Qualification	
	Name of the Degree / Diploma / Certificate / Course	
	Board/Institute/University where studied	
	University to which Affiliated	
	Marks / Grade obtained	
	Year of passing/completion	
8	Contact details	
	Telephone/Mobile No.	
	Email	
9	Experience in Fisheries & Aquaculture	Yes / No
10	Interest to serve farmers for advisory services through Aqua One Centre/Aqua Clinics in serving farmers	Yes / No

Date:

Signature: