



ICAR-Central Agroforestry Research Institute Jhansi :: Uttar Pradesh

CAPSULE COURSE REGISTRATION FORM (Academic Session: July-December/January-June; Year: 20__)

1. Name of the applicant:
2. (a) Designation: (b) Date of Joining:
3. Project/Programme/Section Details:
4. Name of the Supervisor/PI/Project Coordinator:
5. Course details:

Course Code	Course Title	Course Credits	Batch*

*will be allotted by the Institute

Signature with date

Comments of the Supervisor/Project Investigator/Coordinator:

Signature

Remarks of the Programme Leader (PL):

Signature

Forwarded by

Chairman, Higher Education

Approved/Not Approved

Director, ICAR-CAFRI