

## **Training on**

### ***“Application of Bioinformatics Tools in Plant Sciences”***

*(August 22-25, 2017)*

Bioinformatics Centre (Sub DIC)

Department of Biotechnology

Dr Y S Parmar University of Horticulture and Forestry

Nauni, Solan H.P.

The Bioinformatics Centre (Sub DIC) of this university is organizing a four days training programme on “Application of Bioinformatics Tools in Plant Sciences” on 22-25 August, 2017 for students, research scholars, scientists and staff. The interested candidates may fill in the application form given at the end and submit by 11<sup>th</sup> August, 2017 through post or email ([hfuniv.btisnet@nic.in](mailto:hfuniv.btisnet@nic.in) / [shirkotp@gmail.com](mailto:shirkotp@gmail.com) / [anjusharma\\_uhf@yahoo.com](mailto:anjusharma_uhf@yahoo.com) ). The selected candidates are required to pay the registration fee of Rs.1500 only at the time of registration. The total number of participants is restricted to 30. No TA/DA will be provided to the participants. Accommodation, if required, for participants will be arranged in the university guest house at nominal rates.

Address for correspondence:

Dr Poonam Shirkot

Professor cum Coordinator

SubDIC, Department of Biotechnology

Dr Y S Parmar University of Horticulture and Forestry,

Nauni, Solan - H.P.173230

## Training on

### *“Application of Bioinformatics Tools in Plant Sciences”*

(August 22-25, 2017)

Bioinformatics Centre (Sub DIC)  
Dr Y S Parmar University of Horticulture and Forestry  
Nauni, Solan H.P.

### Application form

Interested participants are requested to fill in the following information and send it on or before 11<sup>th</sup>

August, 2017 by post or email ([hfuniv.btisnet@nic.in](mailto:hfuniv.btisnet@nic.in) or [shirkotp@gmail.com](mailto:shirkotp@gmail.com) or [anjusharma\\_uhf@yahoo.com](mailto:anjusharma_uhf@yahoo.com) )

1. Name : \_\_\_\_\_

2. Designation/Class and Year(if student) : \_\_\_\_\_

3. Institution : \_\_\_\_\_

4. Address : \_\_\_\_\_

5. Date of Birth : \_\_\_\_\_

6. Telephone Number : Office \_\_\_\_\_ Mobile \_\_\_\_\_

7. Fax : \_\_\_\_\_

8. E Mail : \_\_\_\_\_

9. Educational Qualification : \_\_\_\_\_

10. How the Training will benefit you ? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Accommodation required or not \_\_\_\_\_

Recommendation by the Head/Incharge

Signatures