**NOMINATION FORM**

**CENTRE FOR ADVANCED FACULTY TRAINING IN COMMUNITY SCIENCE**

**Professor Jayashankar Telangana Agricultural University**

**Post Graduate and Research Centre, Rajendranagar, Hyderabad – 500030**

**21 days training programme on**

**“Psychological and nutritional counselling strategies and techniques for enhancing quality of life”**

**4/02/2025 to 24/02/2025**

1. Name of University, Faculty & State:**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Full Name ( in block letters:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Department & Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Present employer and address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5.Correspondence address with pin code:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Permanent Address with Pin code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Date of birth :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex : Male /Female
3. Marital status : Married / Unmarried
4. Academic record :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examinations passed | Subjects | Year of passing | Class RanksDistinction etc | University/Institution |
|  |  |  |  |  |

11. Professional Experience and No. of Years :

 Teaching:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Research: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Extension:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Posts held in past 5 years:

|  |  |  |  |
| --- | --- | --- | --- |
| Post | Organization | Period | Nature of work |
|  |  |  |  |

13.Current research areas of interest & major field of specialization:

14.Number of Publications:

1. Research papers -
2. Popular articles -
3. Books -
4. Instruction manuals / others -

15.Number of Seminars, Summer/Winter School/Short Course etc attended during the previous years under ICAR/Other Organizations:

16 . Accommodation required : YES / NO

Date: …………………

Place: ………………...

 Signature of the applicant

Recommendations of Forwarding Institute:

Date:

Place: Signature of Dean/Director

**\*Last date for submitting Nomination form: 18.1.2025**

The Brochure and nomination form can be downloaded from: [www.pjtsau.edu.in](http://www.pjtsau.edu.in) / www. cafths.in / [www.cbp.icar.gov.in](http://www.cbp.icar.gov.in)

**Note**: **Only online applications will be accepted. Hence fill the online applications. For uploading login to** [**www.cbp.icar.gov.in**](http://www.cbp.icar.gov.in)

Advance copy of nomination by soft copy may be sent by E-mail to: Dr. T.Supraja, Course Director, Professor and Head, PGRC, PJTAU, Rajendranagar, Hyd-500030

suprajathoomati@gmail.com; caftccschydpjtsau@gmail.com