



**Training Programme on**  
**Basic**  
**Epidemiology**  
**24<sup>th</sup> - 25<sup>th</sup> November,**  
**2017**



### Course duration

The course duration is of two days, scheduled from 24-25<sup>th</sup> November, 2017.

### Eligibility

This training programme is open for scientists or Assistant Professors working in ICAR/SAU. The maximum number of participants will be twenty (20 Nos).

### TA/DA, Boarding and Lodging

The training expenditures like TA/DA, accommodation, food charges have to be borne by the sponsoring institute of the participants. The accommodation facility will be provided at our Guest House facility on payment basis.

**Note: Please do not bring your spouse or family member during the course as there is limited space in guest house.**

The selected candidate are advised to send their detail travel plan in advance through email [sinhavri@rediffmail.com](mailto:sinhavri@rediffmail.com); [vinodhkumar.rajendran@gmail.com](mailto:vinodhkumar.rajendran@gmail.com)

### Application Procedure

Application form attached with this brochure can be photo copied or it can be downloaded from institute website [www.ivri.nic.in](http://www.ivri.nic.in). The duly filled application may please be send to *Dr.D.K.Sinha*, Principal Scientist & Course Coordinator, Division of Epidemiology, ICAR-Indian Veterinary Research Institute, Izatnagar, Bareilly- 243 122 (U.P), latest by **10<sup>th</sup> November, 2017**.

### Course Director

**Dr B.R.Singh**  
Principal Scientist, I/c Head,  
Division of Epidemiology,  
ICAR-IVRI

### Course Coordinator

**Dr D.K.Sinha**  
Principal Scientist, Division of  
Epidemiology, ICAR-IVRI

**Dr Vinodh Kumar O.R**  
Scientist, Division of  
Epidemiology, ICAR-IVRI

### Important dates

<i>Last date for receipt of application</i>	<b>10<sup>th</sup> November, 2017</b>
<i>Information to selected candidates</i>	<b>15<sup>th</sup> November, 2017</b>
<i>Commencement of training program</i>	<b>24<sup>th</sup> November, 2017</b>

**Application form**

**Training program on Basic Epidemiology**

**24<sup>th</sup> -25<sup>th</sup> November, 2017**

**1. Full Name (in block letters):** .....

**2. Designation:**.....

**3. Division/Section:** .....

**4. E-mail:** .....**5. Mobile:** .....

**6. Date of birth:** ..... **7. Gender:** .....

**7. Work experience (years):** .....

**8. Academic Details:**

<b>Degree</b>	<b>University</b>	<b>Year of Passing</b>
<b>Graduation</b>		
<b>Post graduation</b>		
<b>Doctorate</b>		

**Place:**

**Signature of the applicant**

**Date:**

**Recommendation of the Forwarding Institution**

**Name & Designation**

**Signature and Seal**

**Date:**

**Note:** Duly filled application form may please be submitted to Dr. D.K.Sinha, Principal Scientist & Course Coordinator, E- mail: [sinhaivri@rediffmail.com](mailto:sinhaivri@rediffmail.com), Division of Epidemiology, ICAR-Indian Veterinary Research Institute Izatnagar, Bareilly -243 122 (UP) on or before **10<sup>th</sup> November, 2017**