## **REGISTRATION FORM**



## One Day Consultative Workshop on Shrimp Culture and Value Chain Development in Punjab

| NAME OF PARTICIPANT:            |        |
|---------------------------------|--------|
| C.N.I.C. #                      |        |
| ADDRESS:                        |        |
| CONTACT #                       | EMAIL: |
| PROFESSION:                     |        |
| QUALIFICATION:                  |        |
| AREA OF INTEREST:               |        |
| FIELD OF<br>EXPERIENCE, IF ANY: |        |
| SIGNATURE OF THE PARTICIPANT:   |        |
| DATE:                           |        |