

राष्ट्रीय कृषि अनुसंधान प्रबंध अकादमी

राजेन्द्रनगर, हैदराबाद - 500 030, भारत

NATIONAL ACADEMY OF AGRICULTURAL RESEARCH MANAGEMENT Rajendranagar, Hyderabad-500 030, INDIA





Dr. A. Dhanapani Principal Scientist & PI, SSCNARS

> F.No.ICM/SAS/ October 8, 2012

Sub: Training programme on Analysis of Experimental Data using SAS – under component I, NAIP – reg.

Dear Sir/Madam,

The National Academy of Agricultural Research Management (NAARM) proposed to organize a training programme on "Analysis of Experimental Data using SAS" scheduled from November 2-8, 2012 under Strengthening Statistical Computing for NARS (SSCNARS) project of NAIP (National Agricultural Innovation Project). The training programme is designed to train scientists of NARS in experimental data analysis using the statistical computing software, SAS, which has been purchased and made available to all Institutes under NARS. The nomination form can be downloaded from NAARM website (www.naarm.ernet.in).

The TA to the participants would be reimbursed as per their entitlement by train, but restricted to the maximum of AC II tier fares, following NAIP guidelines. Free boarding and lodging arrangements for the participants will be made by NAARM.

I request you to kindly nominate faculty/scientists of your institute/consortia for the above said programme. The last date for receiving nomination form is October 29, 2012.

I hope that with the exposure of the analytical procedures using SAS software, the trained scientists would be able to do their analysis and interpret their results more effectively thereby increasing the scientific output of the institute and enable them to publish their work in reputed journals.

With regards

Yours faithfully,

(A.Dhandapani)



National Academy of Agricultural Research Management Rajendranagar, Hyderabad 500 407

National Agricultural Innovation Project Learning and Capacity Building Programme



Nomination Form

Name of the Programme	:							-										
											T							
Dates (dd/mm/year):	,								to			T	T					
NAIP Consortia/ Project: (if applicable)																		
A. General Information																		
1. Candidate's Name (in full) :																		
2. Date of Birth (dd/mm/yy) :						3. G	ende	r (t	ick n	nark)	Ma	le		Fen	nale		
4. Address for correspondence																		
Name: :		+	_					_	_	\vdash	+	_	-	-		-	+	
Designation: : Institution Name :	++	-	-	-			-	+	+-	-	-	-	-	-		+	+	-
Institution Name :		+	+	+	-	\vdash	-	+	+-	\vdash	+	+	+	+		+	+	+-
Address :		+	+		+	\vdash	_	+	+	\forall	+	+	+	\vdash		+	+	-
		\top	1					T	\top	\Box	\top	\top	\top			\neg	1	
									-									
											\perp		_	1				
Country :					0.50		IN / Z	IP (CODE		L	Д,	4			Ь,		
Telephone # (Country Code-Area/STD C					-	ice				_			_		_			
Telephone # (Country Code-Area/STD C	ode-Phor	ne #)):			me	1			_			_		_			_
Telephone #:					Mo	bile		_	Щ			Щ				_		
Fax (Country Code-STD Code-Phone	Numb	er):																
E-mail ID:							The second second				-						*******	
Alternate E-mail ID:																		
5. Educational Qualifications																		
(i) Highest degree obtained:																		
(ii) Discipline:																		
6. Professional Experience (years):			7. E	xper	ience	in t	he pro	ogra	amm	ne ar	ea (years	5):					
B. Programme Specific Informa	tion																	
1. Source of information about the	orogran	nme	(Ple	ase o	check	the	appro	opri	ate	ansv	ver u	sing	√ I	mar	k):			
a) Personal contact b) Own o	organiza	atio	1						c)	Oth	er o	rgan	izat	tion				
d) Programme brochure / NAARM Website or Faculty f) Others (specify)																		
2. Relevance of the programme (Ple	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN				riate	ansv	ver us	sing	1	mark	<):							
a) To present job	b) To	my	subj	ect				C)	To	my	org	aniz	atio	n				
d) To career advancement		e) A	ny c	ther	(ple	ase	speci	ify)										-

ogramme title	s attended any	Date(s)	Training org	anization
		* .		
			-	
Proficiency in Computers and	Informatics:			
W	Medium		High	
Programmes attended at NAA	RM in last thr	ee years:		
What are your expectations	from this pr	ogramme? (I	Please list at I	east three expectations in ord
nportance)		-5		
	*			
)				
)				
			Candida	ate's signature with date:
		and but Aba T	matitude / O	
	ng sponsore	ed by the I	nstitute / O	rganization for attending
the programme.				
	Si	gnature of	the Head of t	he Sponsoring Institute /
	Si	gnature of		he Sponsoring Institute / ization with seal and date
	Si	gnature of		
:			Organi	
		FOR OFFICE	Organi USE ONLY	zation with seal and date
1. Nomination ID		FOR OFFICE	Organi	zation with seal and date
Nomination ID Nomination Status		FOR OFFICE	Organi USE ONLY	zation with seal and date
	C. F	FOR OFFICE	Organi USE ONLY	zation with seal and date