



**DIVISION OF AGRICULTURAL PHYSICS
INDIAN AGRICULTURAL RESEARCH INSTITUTE
NEW DELHI - 110 012 (INDIA)**



**Dr. Ravender Singh
Head**

Phones : +91-11- 2584 1178/ 8853/3014

Fax : +91-11-2584 2321/3014

E mail : rsingh.iari@gmail.com

AP/ 419 July 25, 2014

Sub : Announcement of Distance learning programme on “**Basics of Remote Sensing, GIS and GNSS**” using EDUSAT National Beam Network during Aug 04 – Nov 14, 2014.

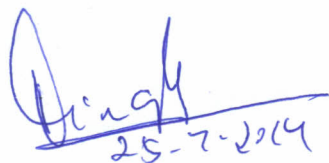
Dear Sir,

I am happy to announce that EDUSAT based off campus training programme on “**Basics of Remote Sensing, GIS and GNSS**” will be held during **Aug 04 – Nov 14, 2014** in this Division. The training will be offered by Indian Institute of Remote Sensing (IIRS), ISRO, Department of Space, Dehra Dun which will be received by our end through the SIT (Satellite Interactive Terminal) facility available with us. The training will be conducted during 4.00-5.30pm on the scheduled dates only. I would request you to send the nominations of scientists and Ph.D. students from your Division for the participation in this programme. The nomination of the candidates may be sent to Mr. Nilimesh Mridha, Course Co-ordinator, Division of Agricultural Physics, IARI, New Delhi – 110 012 (Email : nilimesh.mridha@gmail.com & khkamble.iari@gmail.com) latest by 2nd Aug, 2014.

All the nominated participants are requested to report at 3.45pm, Aug 04, 2013 in the C. Dakhinamurthy Seminar Hall of the Division. The details of the programme and class schedule will be given once we receive it from IIRS, Dehradun.

Thanking You.

Yours sincerely,


25-7-2014

(Ravender Singh)

Encls: (1) Application Form

COURSE APPLICATION FORM

Course Name: 13th IIRS Outreach Program on "Basics of RS, GIS & GNSS"

Centre: _____ University/Institute : _____
(where attending UG/PG course) (for office use)



Duration: **4th August – 14th November 2014**

Name: _____
 First Name Middle Name Surname

Date of Birth: _____ Gender: Male /Female

Nationality: _____

Mailing Address: _____

Phone: Fax: E-mail: _____

Educational Qualifications from High School onwards:

Degree	Subjects	%	Grade *	Inst/Univ.	Year of Passing

*Mention conversion factor, If any

Certified that all the details given above are true to the best of my knowledge.

Signature of applicant

Place: _____

Date: _____

CERTIFICATE OF AUTHORIZATION

Certified that Mr./Ms/Dr. , _____ who is bonafide
Student/Staff of _____ (UG/PG course) at
Department/Centre, _____ University and has been officially
nominated for IIRS Outreach Program to be conducted during Aug 4 to Nov 14, 2014

Place: _____ Signature of University / Institute Coordinator

Date: _____ Name: _____
Designation: _____

(Official seal)