

Directorate of Fisheries Government of Goa

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APPLICATION FORM FOR EXPOSURE VISIT

SR.NO.	PARTICULARS	
1.	Full name (in capital letters)	
2.	Address	
3.	Date of Birth	Age:
4.	Gender'	
5.	Proposed exposure visit course	
6.	Category of Fishing activity engaged in	
7.	Contact no.	

Declaration

I, Shri/Smt.	hereby declare that I shall
enrol to the said exposure visit course during F.Y 202	25-26 and shall abide by the rules and
regulations laid by the Government during the said vi	isit.
Date:	Signature of the Applicant