

**ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY  
PAU CAMPUS, LUDHIANA-141 004 (Pb.)**

**PROFORMA FOR CHANGE IN THE QUARTER**

Name & Designation : \_\_\_\_\_

Quarter No./Type already in possession : Qrt. No. \_\_\_\_\_ Type \_\_\_\_\_

Date from which in possession : \_\_\_\_\_

Choice for particular quarter/ quarters, if any: \_\_\_\_\_

Reason for the change of quarter : \_\_\_\_\_

\_\_\_\_\_

**Date:**

**Signature of the Applicant**