

**SHASTRI MAPPING & MATCHING INTEREST WORKSHOP**

**(SMMIW): ONE HEALTH**

**PROFORMA FOR EXPRESSION OF INTEREST 2023-24**

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| Name:  Full address:  E-mail:  Contact Number: |
| Please indicate whether you are associated with a [SICI member institution of good standing](https://www.shastriinstitute.org/member-in-good-standing-2023-24) or not.  Yes/ No  *If not, please indicate your current university/institution of affiliation:* |
| List any awards previously received from Shastri Indo-Canadian Institute: |
| Tick the checkbox to choose your area of Interest to collaborate on SMMIW on **One Health** with the Canadian/Indian Institute. You can opt for more than one theme, if required.   * Zoonotic diseases * Antimicrobial resistance * Food safety and food security * Vector-borne diseases * Environmental contamination * Health threats to people, animals, and the environment |
| Are you already in any collaboration in similar areas with Indian/ Canadian institutions?  Yes  No  If yes, please provide details... |
| Attachments/Enclosures:  Latest curriculum vitae  Any other Document: |
| Signature:  Date: |