



# INDIAN INDUSTRIES ASSOCIATION

AN APEX BODY OF MICRO, SMALL & MEDIUM ENTERPRISES  
( IN THE SERVICE OF MSME SINCE 1985 )

Being forwarded for information of IIA members as under.



## Indian Industries Association

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**Sent:** Thursday, June 07, 2012 11:34 AM

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**Subject:** PN 31509-12-AG-32-GE-WSP-B: Workshop on Innovation in the Food and Agribusiness Industry from 5-9 November, 2012, Bogor, Indonesia.

### NATIONAL PRODUCTIVITY COUNCIL Utpadakta Bhavan

5-6 Institutional Area

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No. 31509/12

**Sub: 12-AG-32-GE-WSP-B: Workshop on Innovation in the Food and Agribusiness Industry from 5-9 November, 2012, Bogor, Indonesia.**

Dear Sir/Madam,

Enclosed please find brief details of the project notification (PN) relating to the above-referred APO programme. The names of suitable officers for participation as per the para **(Qualifications of Candidates)** of the project notification may kindly be forwarded in triplicate on the Performa enclosed in respect of each candidate so as to reach us latest by **19<sup>th</sup> July 2012**. The nominations received after the last date will not be considered. Prospective candidates are strongly advised to **submit the advance copies of their nominations in the prescribed format**, to take care of the administrative delays and avoid the risk of rejection of nominations on account of late receipt. You are requested to send nominations by e-mail and hard copy by post.

APO would meet round trip economy class international airfare by the most direct route from the international airport nearest to the participant's place of work. Hotel charges at the venue of the programme will be met by the implementing organization.

Though NPC is encouraging advance nominations to speed up the process, it is the responsibility of the candidates to complete all the official formalities required by their organizations/department before proceeding abroad. The nomination form may be accompanied by a draft of Rs. 1000/- (NON-REFUNDABLE) drawn in favour of National Productivity Council, New Delhi (Rs. 500/- for SSI Units, trade unions and NGO's) for each participant. In the absence of application fee and three copies of bio-data, the nominations will not be considered. In case of selection by APO, NPC will charge Rs. 6,000/- (Rs. 3,000/- for SSI Units, Trade Unions and NGO's) per participant towards handling charges and membership fee for the APO Alumni Association of India (AAAI). In case of profit making organizations, the handling charges would be Rs. 12,000/- per participant.

**Detailed Project Notification can be downloaded from the APO website [www.apo-tokyo.org](http://www.apo-tokyo.org) (upcoming projects-Project Notification)**

Thanking you,

Yours faithfully,

**(Manoj Saxena)**

**GH (Int'l Serv.)**

**for Director General**

**e-mail: [isg@npcindia.gov.in](mailto:isg@npcindia.gov.in)**

# Asian Productivity Organization

Hirakawa-cho Dai-ichi Seimei Bldg. 2F  
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Tokyo, 102-0093 Japan



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URL: www.apo-tokyo.org

## PROJECT NOTIFICATION

No. 31509/12

<b>Project Code</b>	<b>12-AG-32-GE-WSP-B</b>
<b>Title</b>	<b>Workshop on Innovation in the Food and Agribusiness Industry</b>
<b>Duration &amp; Timing</b>	<b>5-9 November 2012</b>
<b>Venue</b>	<b>Bogor, Indonesia</b>
<b>Implementing Organization</b>	<b>Ministry of Agriculture, R.I. Directorate General of Training &amp; Productivity Development</b>

**Closing Date for Nominations: 19<sup>th</sup> July 2012**

### Objectives:

- To study the different approaches and tools for introducing innovation in the food-processing industry;
- To identify measures to encourage the adoption of more innovative technologies and practices; and
- To enable participants to acquire knowledge and skills to formulate strategies for enhanced innovation of food products.

### Background:

Packaging plays an important role in maintaining food quality by protecting against various hazards that may be transmitted from outside. Food labeling is also significant in providing consumers with information on ingredients, nutrition, quality, and safety. Packaging and labeling jointly have the additional function of drawing the attention of consumers through attractive designs and colors, thus influencing the competitiveness of products. However, many food manufacturing SMEs in APO member countries face difficulty in making sophisticated food packaging due to lack of sufficient knowledge and technologies. Furthermore, many countries have complicated regulations on food labeling (standards) which food producers may find difficult to follow. Legal requirements for labeling therefore sometimes become trade barriers for exporters, especially those in developing countries, due to their complexity. This workshop will study the basic functions, state-of-the-art technologies, trends, and practices of packaging and labeling of food and agricultural products. The workshop will also introduce the basic legal structures for packaging and labeling in major export markets and discuss methods to comply with them. Through the study of these aspects, the workshop will consider the best practical

strategies for packaging and labeling to increase the competitiveness of food products from APO member countries.

### **Scope and Methodology:**

The workshop will include resource paper presentations, case studies, and visits to food and agribusiness companies. The topics to be covered are:

- a) Concepts of and approaches to innovation in food and agribusiness;
- b) Latest innovative food-processing technologies;
- c) Case studies of the development and marketing of innovative food products;
- d) Systems to promote innovation in food and agribusiness; and
- e) Trends in the food industry.

### **Requirements for Candidates:**

Nominees should be preferably between 30 and 50 years of age with university degree or equivalent qualification from a recognized institution. He or she should be managers and officers of food-processing companies; officials of governmental and nongovernmental organizations including academia and consultancy involved in design, development, and marketing of innovative food products; or representatives of cooperatives and farmers' associations involved in the production, processing, and marketing of food products. The nominated candidate should have at least two years of experience in the subject area.

### **Financial arrangements:**

Round-trip, economy-class international airfare by the most direct route between the international airport nearest to the participant's place of work and Jakarta, Indonesia by the most direct route will be borne by the APO.

All participants should be fully insured against accident and illness (including hospitalization) for a principal sum of US\$10,000.00 for the entire duration of the project and travel.

**However, all taxes including airport tax, security tax, fuel surcharge, visa-fees, service tax etc. will have to be borne by participants/participating organizations.**

### **Others:**

**Other details of the programme are given in the APO Project Notification, which can be downloaded from the APO web site (upcoming projects)**

**[www.apo-tokyo.org](http://www.apo-tokyo.org)**

*(Signed)*  
Ryuichiro Yamazaki  
Secretary-General



<b>B. ACADEMIC QUALIFICATION</b>			
<b>University/Institution (Bachelor and post graduate only)</b>	<b>Major Field of Study</b>	<b>Cert. /Diploma/Degree</b>	<b>Year</b>
<b>C. TRAINING/ SEMINAR (Last 5 years only)</b>			
<i>University/ Institute/ Org.</i>	<b>Major Field of Training/Seminar</b>	<b>Year</b>	
<b>D. 1. PARTICIPATION IN OTHER APO PROJECTS (Last 5 Years only) 2. Details of Foreign Visits.</b>			
<input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, please specify below			
<b>PROJECT</b>		<b>DATES</b>	<b>YEAR</b>

**E. PRESENT JOB DUTIES/ACTIVITIES**

State your present job duties and other activities in consultancy, training, research and publication relevant to the project. Please attach organization chart, and highlight your position.

**F. PREVIOUS EMPLOYMENT / JOB EXPERIENCE**

For each previous employment / job experience, please give designation, organization worked for, period of employment, and job duties.

G. OBJECTIVE FOR PARTICIPATION

Kindly refer to Project Notification, and state relevancy of project to your work, and indicate your expectation (s) from the project.

## H. DECLARATION BY CANDIDATE

I hereby declare that I have read and understood the APO Project Notification for this project. I further declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the project, even when it is in progress.

I hereby also undertake to abide by the regulations prescribed by the APO, the host country(ies), and the implementing organization(s) during the entire period of this project, and to participate fully in it.

Signature: \_\_\_\_\_

Date:

Name:

## I. CONFIRMATION OF CANDIDATE'S ENGLISH LANGUAGE PROFICIENCY (To be filled by APO Director/Alternate Director/Liaison Officer)

The candidate's English Language proficiency has been evaluated as follows:-

- As fluent as the candidate's native language.
- Competent to participate in discussion and express himself.
- Proficient enough to follow lectures/discussions, but will have difficulties in expressing ideas and giving comments.

I further certify that the candidate belongs to:

- Profit-making organization
- Non-profit making organization

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**ASIAN  
PRODUCTIVITY  
ORGANIZATION**

HIRAKAWACHHO DAIICHI  
SEIMEI BUILDING  
1-2-10 HIRAKAWACHO,  
CHIYODA-KU, TOKYO  
TOKYO 102-0093, JAPAN  
TEL : (813) 5226-3920  
FAX : (813) 5226-2050

**APO MEDICAL AND INSURANCE DECLARATION FORM**

Only for Applicant without any of the Health Conditions listed on the Reverse Side

1. NAME (last name, first name, middle name)		
2. DATE OF BIRTH	3. NATIONALITY	4. SEX ( ) Male ( ) Female
5. APO PROJECT CODE AND NAME (VENUE)		
<p>I hereby declare that :</p> <p>a. I have read carefully the Project Notification of the above APO project and declare that I have the physical and mental fitness to attend the APO project;</p> <p>b. I have had no health conditions listed on the reverse side during the last 5 years and am free from any ailment likely to impair the health of others or affect my participation in the APO project;</p> <p>c. I shall secure the required comprehensive travel insurance as specified in the Project Notification of the above APO Project;</p> <p>d. I understand that neither APO nor the implementing organization shall be liable for any medical or other costs incurred during the project, except for those specifically stated in the Project Notification; and</p> <p>e. I shall bring with me the necessary medicines for minor illness as prescribed by my physician since they may not be readily available at the venue of the above APO project.</p> <p>I affirm this declaration on medical and insurance requirements of the APO project as specified in the Project Notification.</p>		
<p>_____</p> <p>Date</p>		<p>_____</p> <p>Applicant's Signature</p>

**APO MEDICAL AND INSURANCE CERTIFICATION FORM**

Only for Applicant having any of the Health Conditions stated under item. 6 below

1. NAME (Last name, first name, middle name)			
2. DATE OF BIRTH	3. NATIONALITY	4. SEX ( ) Male ( ) Female	
5. APO PROJECT CODE AND NAME (VENUE)			
6. Please indicate “Yes” or “No” if you had ever had any of the following during the last 5 years :		<b>YES</b>	<b>NO</b>
a. Tuberculosis, asthma, emphysema, or other lung illnesses			
b. High blood pressure, heart by-pass, heart attack or other heart diseases			
c. Stomach ulcer, liver (hepatitis), gall bladder disease			
d. Kidney problem, stone or blood in urine			
e. Diabetes, sugar or glucose in blood or urine			
f. Depression, attempted suicide, or other psychological symptoms			
g. Tumor, abnormal growth, cyst or cancer			
h. Bleeding disorder, blood disease (sickle cell anemia)			
i. Malaria, Cholera, small pox or epidemic disease			
j. Allergy			
k. Other serious illnesses (Please specify)			
<p>I certify that the above information is true and correct to the best of my knowledge. I understand that neither APO nor the implementing organization shall be liable for any physical or mental problem that I may develop during my participation in the APO project and that I shall be responsible for bringing with me necessary medicines as prescribed by my physician since they may not be available at the venue of the project. Further, I understand that I shall have to secure the required comprehensive travel insurance as specified in the project Notification of the above APO Project.</p>			
_____		_____	
Date		Applicant’s Signature	
<b>TO BE COMPLETED BY A MEDICAL DOCTOR</b>			
Based on above given information, I have examined the above applicant and certify that he/she is free from any ailment likely to impair the health of others and fit to participate in the APO project referred to in this form.			
Hospital/Clinic’s Name		: _____	
Examiner’s Name & Title		: _____	
Examiner’s Signature		: _____ Date : _____	
Remarks, if any		: _____	