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Annexure-I

**APPLICATION FORM FOR ENROLLMENT IN CERTIFICATE COURSE ON
INTEGRATED NUTRIENT MANAGEMENT**

Year _____

Centre _____

S. No. (For office use only): _____

(Please fill the form in capital letter in your own handwriting carefully)

Name in Capital Letters	:	
Father's / Guardian's Name	:	
Date of Birth	:	
Gender (Male / Female)	:	
Category (SC/ST/OBC/General)	:	
Physically Disabled (Yes/No)	:	
Tel. No. with STD Code	:	
E-mail ID	:	
Postal Address for Correspondence	:	

Educational Qualification

Sl. No.	Examination	Year	School/College	University
1.	SSC			
2.	Intermediate			
3.	Degree			
4.	Post-graduation			

Are you an Input dealer	:	Yes/No
Are you sponsored by any Input Company/Organization	:	Yes/No

