|  |  |  |
| --- | --- | --- |
| **Model Training Course on**  **INTEGRATED FARMING SYSTEM : AN OPTION FOR UPLIFTMENT IN LIVELIHOOD OF SMALL AND MARGINAL FARMERS** | | |
| **From 02- 09 February, 2016** | | |
| Application format for participation in training | | |
|  | | |
| 1. | **Name (in block letters)** |  |
| 2. | **Designation** |  |
| 3. | **Present employer address** |  |
| 4. | **Address to which reply should be sent (in block letter)** |  |
| 5. | **Permanent address** |  |
| 6. | **Date of birth** |  |
| 7. | **Sex** |  |
| 8. | **Teaching / research / professional experience (mention post held) during last 5 years and number of publications** | |
|  |  | |
| 9. | **Marital status** |  |
| 10. | **Mention if you have participated in any Training programme/ seminar/ Summer / Winter / Short Courses etc. during last five (5) year under I.C.A.R. / other Organizations** | |
| 11. | **Academic record** | |
|  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Degree** | **Discipline** | **Year** | **Class** | **University** | | Ph.D. |  |  |  |  | | Master |  |  |  |  | | Bachelor |  |  |  |  | | Other |  |  |  |  | | | |
|  | | |
| |  |  |  | | --- | --- | --- | | Signature of the applicant | Date : | Place : | | | |
| 12. | **Recommendations of forwarding Institute** | |
| |  |  | | --- | --- | | **Signature** | **Designation :** | | **Address:** | **Date :** | | | |
|  | | |
| **Certificate** | | |
| It is certified that the information was furnished by the office record and was found corrected. | | |

Name & designation of Competent Authority

With seal