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| **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** |
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| **Degree** | **Discipline** | **Year** | **Class** | **University** |
| Ph.D. |  |  |  |  |
| Master |  |  |  |  |
| Bachelor |  |  |  |  |
| Other |  |  |  |  |

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| Signature of the applicant | Date : | Place : |

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| 12. | **Recommendations of forwarding Institute** |
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| **Signature** | **Designation :** |
| **Address:** | **Date :** |

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| **Certificate** |
| It is certified that the information was furnished by the office record and was found corrected. |

 Name & designation of Competent Authority

 With seal