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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	:			
<b>Educational Qualification</b>				
<b>Sl. No.</b>	<b>Examination</b>	<b>Year</b>	<b>School/College</b>	<b>University</b>
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		

(If yes, Name and details of the sponsoring firm)	:		
Address with Telephone No.	:		
License No.	:		

Enclosures 10<sup>th</sup> certificate : Yes/No

10+2/Degree certificate : Yes/No

Any other (specify): \_\_\_\_\_

I hereby certify that all the information furnished above by me is correct to the best of my knowledge and belief. I understand and accept that furnishing of any false information on my part will automatically lead to disqualification of my candidature/enrolment and forfeiture of all payments made by me towards Certificate Course on Integrated Nutrient Management Program. I agree to abide by the code of conduct and rules as may be framed from time to time by authorities for smooth conduct of the programme.

Date

Signature

Place

Name

**Note:**

- i) After finalization of admissions, Course fee paid will not be returned.
- ii) Two recent photographs should be submitted in a separate cover duly super-scribed as 'Photographs', along with application form.