**Natesan Institute of Cooperative Management, Chennai-40**

**Nodal Training Institute**

**APPLICATION FOR TRAINING PROGRAMME ON AGRI CLINICS & AGRI BUSINESS CENTERS, UNDER GOVERNMENT OF INDIA SCHEME**

**FORMAT FOR CANDIDATES TO ENROLL AS TRAINEES**

|  |  |  |
| --- | --- | --- |
| **1.** | **Name of the candidate**  |  |
|  | **Name of Father/Spouse** |  |
| **2.** | **Date of Birth**  |  |
| **3.** | **Sex (Male / Female)**  |  |
| **4.** | **Permanent Address** |  |
|  | **Village and Panchayat**  |  |
|  | **Block and/or Tehsil**  |  |
|  | **District**  |  |
|  | **State**  |  |
|  | **PIN code**  |  |
|  | **Address for Correspondence**  |  |
| **6.** | **Educational Qualification**  |  |
|  | **Name of the Degree / Diploma / Certificate /** **Course**  |  |
|  |
|  | **Board/Institute/University where studied**  |  |
|  | **University to which Affiliated**  |  |
|  | **Marks / Grade obtained**  |  |
|  | **Year of passing/completion**  |  |
| **7.** | **Contact details** |  |
|  | **Telephone/Mobile**  |  |
|  | **Email**  |  |
| **8.** | **Experience**  |  |
| **8A.** | **Family Background**  |  |
|  | **Agriculture**  |  |
|  | **Other than agriculture**  |  |
| **9.** | **Agri-Business interest**  |  |
|  | **Nature of enterprise being planned to set up****after the training**  |  |
|  | **Experience in the enterprise being planned**  |  |
|  | **Likely place of establishment of enterprise**  |  |
| **10.** | **Aptitude for extension work with brief details****of extension work done and vision for future****in serving farmers** |  |

**Date: Signature:**