APPLICATION FORM FOR PARTICIPATION IN MODEL TRAINING COURSE
AGRIBUSINESS DEVELOPMENT PLANNING AND MANAGEMENT
(21-28 January, 2020)

1. Full Name (in block letters): .................................................................

2. Designation .................................................................

3. Present Employer .............................................................

4. Address for communication: ..........................................................
   (Phone & e-mail)

5. Date of Birth .............................................................

6. Sex ..........................................................

7. Professional Experience (mention post held during last 5 years)
   ..........................................................................

8. Mention about the training attended during last five years
<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Training title</th>
<th>Duration (days)</th>
<th>Year</th>
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10. Experience in years: ...........................................

11. List your training needs: ...........................................

12. Accommodation: Required/ Not required

13. Academic record
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<tr>
<th>Exam Passed</th>
<th>Subjects</th>
<th>Year of Passing</th>
<th>Class/ Div.</th>
<th>Institute</th>
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Date: ............................................................

Place: ................................................. Signature of the Applicant

12. Recommendation of Forwarding Institute:
   
   It is certified that the information furnished by the candidate has been verified and found correct.

   Signature of Sponsoring Authority and Seal