

**Ministry of Business, Enterprise and Cooperatives
(Cooperatives Division)**

Application Form

Course: **Training in Organic Farming in India by National Centre of Organic Farming**
Institution: **National Centre of Organic Farming, Department of Agriculture and
Cooperative, Ministry of Agriculture, Government of India, Kamla Nehru, Uttar Pradesh,
India**

A. Particulars of Participant

1.	Surname <i>(in block letters)</i>																	
	First Name <i>(in block letters)</i>																	
2.	Gender	Male Female <input type="checkbox"/> <input type="checkbox"/>																	
3.	Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/>																	
4.	National Identity Card (NIC) number	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> <i>(please attach a copy)</i>																	
5.	Age	<table border="1"><tr><td> </td><td> </td></tr></table> yrs																	
6.	Residential Address																	
7.	Phone Number(Fixed).....(Mobile)																	
8.	Email Address																	
9.	Emergency Contact Details	Name Address Phone Number Relationship with applicant																	

10.	Conversant Language <i>(Tick as appropriate)</i>	English	Hindi
		Excellent <input type="checkbox"/>	<input type="checkbox"/>
		Good <input type="checkbox"/>	<input type="checkbox"/>
		Satisfactory <input type="checkbox"/>	<input type="checkbox"/>
		Not Conversant <input type="checkbox"/>	<input type="checkbox"/>
11.	Highest Educational level <i>(Tick as appropriate)</i> <i>(Please attach copy)</i>	Primary <input type="checkbox"/>	
		Secondary <input type="checkbox"/>	
		Tertiary <input type="checkbox"/>	
		Others <input type="checkbox"/> <i>(Please specify)</i>	
12.	Description of agricultural activity being undertaken <i>(Tick as appropriate)</i>	Sugarcane cultivation <input type="checkbox"/>	
		Vegetables cultivation <input type="checkbox"/>	
		Mixed farming <input type="checkbox"/>	
		Others <input type="checkbox"/> <i>(Please specify)</i>	
13.	Area of cultivation by the society	
B. Particulars of Society			
14.	Name of Society	
15.	Activity involved	
16.	Registered Number	
17.	Postal Address	
18.	Phone Number	
19.	Fax/Email	
C. Motivation of Participant			
20.	Give a brief statement (in not more than 300 words) for your interest in the training and experience in agriculture and organic farming and how you expect to use the skills and competencies acquired for the development of your society and other related stakeholders.		
		
		
		
		
		

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21. ***Personal Declaration***

I, Mr/Mrs/Misshereby declare that:

All information provided in this application form are true and correct.

Name of Applicant:

Signature:

Date:

Certified Correct by
(President/Secretary):

Name: Designation:

Signature: Date:

Kindly ensure you have attached the following documents before submission

- Photocopy of NIC
- Photocopy of Birth Certificate
- Photocopy of Highest Educational Certificate
- Copy of Board resolution approving nomination
- Copy of duly certified medical report