

APPLICATION NO:



Government of India
Ministry of Agriculture and Farmers Welfare
Department of Agriculture, Co-operation and Farmers Welfare
FARM MACHINERY TRAINING & TESTING INSTITUTE
BUDNI/HISAR/GARLADINNE/BISWANATH CHARALI
APPLICATION FORM FOR **OTHER THAN USER LEVEL COURSES**

Please affix
attested
passport size
photograph

Name of Course applied for: _____

Date of commencement _____ Last Date for receipt of Application Form _____

1. Name (in CAPITAL LETTERS) _____
2. Father's / Husband's Name _____
3. Date of Birth* _____
4. Whether SC/ST/OBC (Attach certificate in its Support from a Competent Authority)* _____
5. Sex _____
6. Marital Status _____
7. Address For Communication
Vill/Town _____
Distt. _____ State _____ PIN _____
8. **Mobile/Phone Number** _____
9. E-Mail-Id, if any _____
10. Permanent Address
Vill/Town _____
Distt. _____ State _____ PIN _____
11. Educational Qualification* _____
12. Technical Qualificatin* _____
13. Present Occupation _____
14. Experience if any* _____
15. Have you received training in any of the Institute/Training centres? (If so, give the Name of the Institute/centre & name of Training Programme & its duration)* _____
16. What do you intend to do after completion of training? _____
17. Character certificate (not issued before 6 months) by a Competent authority, such as Gazetted Officer/M.P./M.L.A./Principial/Head Master, etc. should be attached with the application

I hereby declare that the entries given in this form are true to the best of my knowledge and belief.

Place & Date: _____

Signature of the Applicant

TO BE FILLED IN THE CASE OF CANDIDATES SPONSORED BY GOVT. DEPARTMENTS

No. _____

Date _____

Shri _____ S/o Shri _____ is an employee of this Deptt. and may be considered for admission for training. In case of selection he will be relieved for admission and will be treated as on duty/leave.

Signature

Designation & Seal of the Department