

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 CHARIALI

Please affix
attested
passport size
photograph

APPLICATION FORM FOR USER LEVEL COURSE

Commencing from _____ Last Date for receipt of Application Form _____

1. Name (in CAPITAL LETTERS) _____
2. Father's / Husband's Name _____
3. Date of Birth (Christian Era) _____
4. Whether belong to SC/ST/OBC (Attach certificate in its Support from a Competent Authority)* _____
5. Name of State to which you belongs ? _____
6. Present Address
Vill/Town _____
Distt. _____ State _____ PIN _____
7. Permanent Address
Vill/Town _____
Distt. _____ State _____ PIN _____
8. **Mobile/Phone Number** _____
9. E-Mail-Id, if any _____
10. Present occupation
(if employed, designation, address of employer and monthly income). _____
11. 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)* _____
12. What do you intend to do after completion of training _____
13. Detail of Land*:
 - (a) Total land possessed by your family? _____
 - (b) Land in your Name? _____
 - (c) Who owns the remaining land? _____
 - (d) Your relationship with the owner? _____
 - (e) Where the land is located (Viii., Distt., State)? _____
 - (f) Details of experience in farming _____

14.

(a)	Tractor, implements and other machines your family possess- give details there of:	Machine & Implements/Tools	Type & Make	Registration No.	Remarks
(b)	Name of owner and				

15. List the name of agricultural machinery you can operate _____

16. Educational Qualifications*:

Qualification	Name of Board/ University	Examinations Passed	Class / Division	Year of Passing	Subject
(a) General					
(b) Technical					

17. Experience*:

Name of the post held and nature of employment	Name of Employer with address	Date of Joining	Date of leaving	Salary

18. Character certificate (not before six months) by a Competent Authority. Such as Gazetted Officer/M.P./M.L.A./Principal/Head Master should be attached with the application.

19. Please enclose a residential certificate issued by a Sarpanch or Member of Municipal Committee or of Competent Authority. _____

20. Additional Information, if any _____

21. Details of enclosures _____

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

Signature of the Applicant

Place:

Date:

(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

N.B: if space In any of the columns is insufficient use separate sheet giving reference of the columns.