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Annexure III

APPLICATION FORM FOR ENROLLMENT IN CERTIFICATE COURSE ON
INSECTICIDES

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P
wit

Year.....
Centre.....

S.No. (For office use only).....

(Please fill in the capital letter)

Name of Applicant (capital letter)				
Father's name / Guardian's Name				
Date of Birth				
Gender (Male/ Female/ Transgender)				
Category (SC/ST/OBC/GENERAL)				
Physically Disable (Yes/No)				
Tel. No.				
Email. Id-				
Postal Address				
Sl. No.	Examination	year	School/college	university
1.	High school			
2.	Intermediate			
3.	Graduation			
4.	Post-graduation			
5.	Diploma			

I hereby certify that all the information furnished above by me is correct to the best of my knowledge and belief. I understand and accept that furnishing of any false information on my part will automatically lead to disqualification of my enrolment. I agree to abide by the code of conduct and rules as may be framed from time to time by authorities for smooth conduct of the program.

Date:

Place:

Note:

After finalization of admission, course fee paid will not be returned.

Name and Signature