**Registration Form**

**Application Form for participation in Model Training course on Technological Empowerment of Farm Women in Production of Quality Seeds.**

1. Full Name (in block letter) : ………………………………………………………..
2. Designation : ……………………………………………………….
3. Present employer address : ………………………………………………………..
4. Address to which reply should : ……………………………………………………

 be sent (in block letters)

E-mail: ……………………………………………………………………………

Phone & Fax No: ………………………………………………………………….

1. Date of birth : - -
2. Sex : Male Female
3. Post held : ………………………………………………………………………..
4. Experience : ………………………………………………………………………..
5. Mention if you have any experience ………………………………………………..

in the area of proposed training

1. Academic Record

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Examination passed | Subject | Year of passing | Class, Rank, Division | Board/ University/ Institution |
| High school |  |  |  |  |
| +2 |  |  |  |  |
| Bachelor’s Degree  |  |  |  |  |
| Master’s Degree |  |  |  |  |
| Ph. D |  |  |  |  |
| Any other |  |  |  |  |

Date : …………….

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

It is certified that the information was furnished by the office record and was found correct.

1. Recommendations of forwarding organizations

Date: ………….. Signature of the Sponsoring

 Authority with address

N.B. : Copies may be made locally for use of applications and the application also available on www. Draw.org.in