



# AGRI-CLINICS & AGRIBUSINESS TRAINING CENTRE

(Under Aegis of Min. of Agriculture , Govt. of India , NABARD, SFAC and MANAGE,Hyderabad)

SRISTI FOUNDATION , 8th Floor , Reshmi Complex, P&T Colony, Kidwaipuri , Patna -1

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Email –sristi\_foundation@rediffmail.com

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APPLICATION FORMAT FOR CANDIDATES TO ENROLL AS TRAINEES UNDER ACABC SCHEME

Batch no. ....of Sristi Foundation , Training Programme no. ....of MANAGE list .

File Serial No. .... Screening Serial No. / Date ..... Final Serial No. ....

|    |                                                     |  |
|----|-----------------------------------------------------|--|
| 1. | Name of the candidates                              |  |
|    | Name of Father/Spouse                               |  |
| 2. | Date of Birth                                       |  |
| 3. | Sex (Male / Female)                                 |  |
| 4. | Category                                            |  |
| 5. | Permanent Address:                                  |  |
|    | Village and Panchayat                               |  |
|    | Post                                                |  |
|    | District                                            |  |
|    | State                                               |  |
|    | PIN code                                            |  |
| 6. | Address for Correspondence:                         |  |
| 7. | Educational Qualification                           |  |
|    | Name of the Degree / Diploma / Certificate / Course |  |
|    | Board/Institute/University where Studied            |  |
|    | University to which Affiliated                      |  |
|    | Marks / Grade obtained                              |  |
|    | Year of passing/completion                          |  |
| 8. | Contact details                                     |  |
|    | Telephone/Mobile                                    |  |
|    | Email                                               |  |