

THE APPLICATION FORM THE COURSE FROM _____

No.Last Date for receipt of application form _____

APPLICATION FORM

FARM MACHINERY TRAINING & TESTING INSTITUTE BISWANATH CHARIALI
MINISTRY OF AGRICULTURE
(DEPARTMENT OF AGRICULTURE & CO-OPERATION)
GOVERNMENT OF INDIA

(Form must be filled in by the applicant in his own handwriting in English or Hindi)

Application for Farm Machinery Utilization Training Course for _____ month commencing from _____

1. Name in full (BLOCK LETTERS) _____

2. Father's Name _____

3. Date of Birth (Christian Era) _____

4. Do you belong to SC/SC? If so, _____

produce a certificate in its support
from a Magistrate/Tehsildar/M.P./M.L.A.

5. Name of State to which you belong ? _____

6. Permanent Address (BLOCK LETTERS)

(Name H. No., Road/Street, Post Office, Telegraph Office, Town & District)

7. Present Address (BLOCK LETTERS)

(Details as against item 6 above)

8. Present occupation _____

(if employed designation, address of employer and monthly income).

9. Have you received training in any of the Tractor Training Centres?

If so, give the Name of Centre & course of Training & its duration.

10. What do you intend to do after completion of training? _____

11. 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 (Vill., Distt., State) _____

(f) Details of experience in farming. _____

12. (i) Tractor, implements and other machines your family possess – give details thereof :

Machine & Implements/Tools	Type & Make	Registration No.	Remarks
Tractor			
Other Machines			
Implements/Tools			

(ii) Name of owner and address : _____

(iii) Relationship of applicant with the owner : _____

(iv) List the name of agricultural machinery you can operate :

13. Education Qualifications :

Name of Board /University	Examinations Passed	Class or Division & Year of passing	Period of Training		Subject
			Year	Month	
(a) General					
(b) Technical					

14. Experience :

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

15. Character : One certificate of character certificate not issued before six months by Gazetted Officer/M.P./M.L.A./Principal/Head Master should be attached with the application.

16. Additional information, if any : _____

17. Please enclose a residential certificate issued by a Sarpanch or Member of Municipal Committee

18. Details of enclosures :

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

I hereby declare that the entries 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 Sh..... 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 reverse page giving reference of the
columns.