

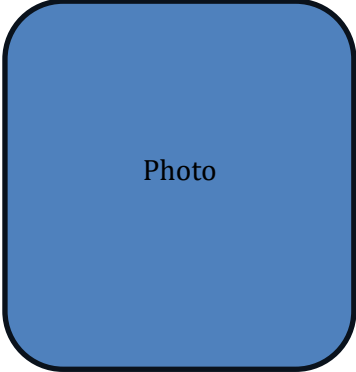


Centre for Agriculture and Rural Development

Agri-Clinic & Agribusiness Training Centre

Centre for Agriculture and Rural Development (CARD)

Suraj Hostel, Behind BKT Cold Storage, Bakshi ka Talab, Lucknow, UP



- File no(to be filled by CARD officials)
- Name of the Applicant:
- Father's/Husband's Name:.....
- Aadhar Card No:
- Sex:
- Date of Birth: DayMonth.....Year.....
- Permanent Address: Vill/City/Town.....
- Post.....District.....
- State..... Pin code.....
- Correspondence address: Vill:
- Post: District:
- State: Pin code:
- Phone Number:
- Caste Category:
- Educational Qualification:
- Occupation:
- Are you unemployed:
- Annual income:
- I,.....Son/Wife.....her
 eby declare that the above information is fully correct and I also declare that I
 shall obey the rules and regulations of the institute during the training
 programme.
- Land Details

Signature of the Candidate :.....

Place :.....

Date :.....