

8. APPLICATION FORM

8.1. APPLICATION FORM

APPLICATION CUM-REGISTRATION FORM FOR ADMISSION TO PGD-TMA PROGRAMME 2020

Last date for receipt of filled in application: **31st January, 2020**

Application No:

D.D.No:
& Date

Paste here one recent stamp size Photograph duly attested by the Head of the institute/ College last attended or by a Gazetted Officer

Read the Prospectus and Instructions carefully before filling up the Application form. Incomplete applications will not be considered.

Category: GEN / OBC / SC / ST / PH

1. Name of the Student (Same as in SSC/Matriculation certificate) in Capital Letters
Mr./Ms./Mrs. _____

2. (a) Father's Name _____
(b) Mother's Name _____

3. (a) Permanent Address: _____

PIN _____
Phone/Mobile No. _____
e-mail: _____

3(b) Address for Correspondence

PIN _____
Phone/Mobile No. _____
Aadhar Card No. _____

4. (a) Date of Birth _____
Date Month Year
(b) Identification Marks 1) _____ 2) _____
(c) Nationality _____
If Indian, State of Domicile: _____
(d) Rural / Urban
(e) Gender: Male / Female

5. Annual Income of the family: (if SC/ST/PH) _____
Specimen Signature of the Student (Sign within the box)

Pin Stamp
Size
Photograph
for identity
Card

6. a) Particulars of past academic record (from Bachelor's degree onwards) [Attach a separate sheet, if the space provided below is not adequate]

S. No.	Name of the Degree	Univer-sity / College	Month & Year of Passing	Subjects studied & Passed	Maximum Marks	Marks obtained	Percentage	Division
1.								
2.								
3.								
4.								

- b) Previous and Professional Experience after **completion of graduate degree** (each entry here to be supported with service certificate)

S. No.	Designation and Nature of job done	Organization / Institution with Total No. of years worked	From (month & year)	To (month & year)

DECLARATION BY THE APPLICANT

I, hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

FOR SPONSORED CANDIDATES

Application of Mr./Ms./Dr. _____ is
Forwarded for consideration. The full fee for the programme will be deposited on his / her
admission.

Authorised Signatory of Sponsoring Organization

Name : _____

Designation: _____

Organisation : _____

Address : _____

Place:

Date:

Seal:

Note: Application form can be downloaded from <https://www.naarm.org.in> and sent by post to the Academic Cell, ICAR-National Academy of Agricultural Research Management, Rajendranagar, Hyderabad-500030, Telangana, India along with a DD for Rs.300/- drawn in favour of "ICAR Unit – NAARM A/c" payable at Hyderabad.