

**APPLICATION FORM FOR ENROLLMENT IN  
“CERTIFICATE COURSE ON INSECTICIDES MANAGEMENT”**

Affix Passport  
Photo with  
Sign

**Year :** 2021-22

**Centre :** Krishi Vigyan Kendra, AMBHETI, Di. Valsad

S. No. (For office use Only) : .....

(Please fill in the capital letter)

Name of Applicant (Capital letter)	
Father's Name/ Guardian's Name	
Date of Birth	
Gender (Male/Female/Transgender)	
Category (SC/ST/OBC/GENERAL)	
Physically Disable (Yes/No)	
Telephone/ Mobile No.	
WhatsApp No.	
Email ID	
Postal Address	

**Educational Qualifications :**

S. No.	Examination	Year	School/College	Board/ University
1	High school			
2	Intermediate			
3	Graduation			
4	Post graduation			
5	Diploma			

**Other Information :**

Name of Agro Centre :	
Address of Agro Centre :	
Licence No. : Pesticides : Fertilizers :	

**Course Fee :** Rs. 7600/- (To be paid by DD after final selection of candidate)

**Declaration**

I hereby certify that all the information furnished above by me is correct to the best of my knowledge and belief. I understand and accept that furnishing of any false information on part will automatically lead to disqualification of my enrolment. I agree to abide by the code of conduct and rules as may be framed from time to time by authorities for smooth conduct of the program.

Date :

Place :

Note : After finalization of admission, course fee paid will not be returned.

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

- Attachment:** (1) Photocopy of proof of Identity (Adhar card, Pan card)  
(2) Proof of birthday and educational qualification  
(3) Licence of pesticide dealer