

APPLICATION FORM FOR FARM MACHINERY UTILISATION
TRAINING COURSE

**NORTHERN REGION FARM MACHINERY TRAINING &
TESTING INSTITUTE, HISAR.
MINISTRY OF AGRICULTURE
DEPARTMENT OF AGRICULTURE & CO-OPERATION
GOVERNMENT OF INDIA**

Application for Farm Machinery Utilisation 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 S.C. / S.T ? 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, House No., Road/Street, Post Office, Telegraph office, Town & District)	
7.	Present Address (BLOCK LETTERS) (Name, House No., Road/Street, Post Office, Telegraph office, Town & District)	
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 center & course of training	
10.	What do you intend doing after completion of training?	

11.	Details of Land? (a) Total area possessed by your family? (b) Area in Your Name? (c) Who owns the remaining land? (d) Your relationship with the owner? (e) Location (Village, Dist., State) (f) Details of experience in farming?					
12.	(i) Tractor, implements and other machines your family possess- Give details regarding:					
	Machines & Implements	Type & Make	Registration No.	Remarks		
	Tractor					
	Other Machines					
	Implements					
	(ii) Name of owner and address					
	(iii) relationship of applicant with the owner					
	(iv) List the name of agricultural machinery you can operate?					
13.	Educational Qualifications:					
	Name of Board or University	Examination Passed	Class or Division & year of Passing	Period of training		Subject
				Year	Month	
General						
Technical						

14.	Experience				
Name of the post held or nature of employment		Name of employer with address	Date of Joining	Date of leaving	Salary
15.	Character: One certificate of character not older than six months from Gazetted Officer / M.P. / M.L.A./ Principal / Head Master should be attached with the application.				
16.	Additional information, if any:				
17.	Details of enclosures: 1. 2. 3. 4. 5. 6.				

I hereby declare that the entries in this form are true to the best of my knowledge and belief

Place:

Signature of the Applicant

Date:

**TO BE FILLED IN THE CASE OF CANDIDATES SPONSORED BY
GOVERNMENT DEPARTMENTS:**

No.

Date: _____

Shri _____ 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