



CERTIFIED FARM/LIVESTOCK ADVISOR (for Professional Excellence)

Affix passport size photograph

APPLICATION FORM

Year _____

For Official use:
S. No:
State:
Crop/Enterprise:

1.	Name in capital letters	:	
2.	Date of Birth	:	Age : _____ Years
3.	Gender	:	<input type="checkbox"/> Male <input type="checkbox"/> Female
4.	Category	:	SC/ST/OBC/General
5.	Contact Number	:	
6.	Aadhar Card No	:	
7.	E- mail	:	
8.	Postal Address for Communication	:	

9. Educational Qualification

S. No.	Examination	Discipline	Year	School / College	University	Grade/ Percentage/ Division
i.	SSC					
ii.	Intermediate					
iii.	Degree					
iv.	Post-graduation					
v.	Doctorate					

10. Details of Course fee

Demand Draft No.	:		Amount (Rs)	:	
Date	:		Name of the Bank & Branch	:	

11. Employment Status

Employee in Govt. Sector Employee in Private Sector Agripreneur/Self Employed

i	Designation	:	
ii	Name of the Organization	:	
iii	Length of Service	:	
iv	Details of Experience	:	
v	Office Address with email Id and Telephone Nos.	:	

12. Specialization preferred for Module II (Specify the particular crop/enterprise)

:

Enclosures (Self-attested):

Degree Certificate	:	Yes/No
Post-Graduation Certificate	:	Yes/No
Doctorate Certificate	:	Yes/No
Experience Certificate	:	Yes/No
Proof of Date of Birth	:	Yes/No
Caste Certificate	:	Yes/No
Two recent photographs (passport size)	:	Yes/No
Aadhar Card	:	Yes/No
Demand Draft	:	Yes/No

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 my part will automatically lead to disqualification of my candidature/enrolment and forfeiture of all payment made by me towards Certified Farm Advisor Program. 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.

Note: (i) Specialization training will not be taken up unless adequate No. of candidates are enrolled in the particular specialization.

(ii) After finalization of admission, Course fee paid will not be returned.

Date:

Signature :

Place:

Name :

Forwarding authority

Signature of immediate controlling authority
with Postal address (with PIN code) and Phone No.

Application to be sent:
The Deputy Director (OSPM),
MANAGE, Rajendranagar
Hyderabad – 500030
Email: balasubramani@manage.gov.in

Note: Further details you may visit <http://www.manage.gov.in/cfa/cfa.asp>