



Post-Graduate Diploma in Agricultural Extension Management (PGDAEM)

APPLICATION FORM - Eleventh (2017-18) Batch

For Official use S. No. Center Name: State:
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Affix recent passport size Photograph here with signature and attach one additional photo

Please fill the form in capital letters in your own handwriting

1. Name in capital letters Dr/Mr/Ms

2. Date of birth

3. Age as on 1.10.2017

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4. Sex Male Female

5. Do you belong to SC / ST / OBC / Physically Handicapped

SC ST OBC PH Others

6. Working in Government Non- Government Private Organization Others

7. Name of the Office/Department/Institution/NGO/Agribusiness company/Cooperative/Farmers' Organization/Others with postal address with PIN code for Correspondence

Present Designation of the Candidate																				
Name of the Office/Dept/Institute																				
Ward / Circle and Place																				
Taluk / Post Office																				
District																				
State																				
PIN Code (compulsory)																				

8. Permanent Address of the Candidate

Ward / Circle and Place																				
Taluk / Post Office																				
District																				
State																				
PIN Code (compulsory)																				

Office Telephone (with STD code)	Personal:
Mobile:	Mobile*:
Email:	Email*:

*compulsory

9. Qualifications (enclose attested copies)

Sl. No.	Examination starting from Degree	Year of Pass	College	University	Class / Division
1	Degree * (.....)				
2	Post Graduation** (.....)				
3	Ph.D. (.....)				

*Note- B.Sc (Ag), B.V.Sc, Fisheries Others; ** M.Sc (Ag), M.V.Sc, M.F.Sc, Others

10. Number of years of experience :

11. In which language you would like to receive the study material: English Hindi

12. a) Undertaking

"I hereby certify that all the information furnished above by me is correct to the best of my knowledge and belief. I agree to abide by the code of conduct and rules as may be framed from time to time by MANAGE authorities for smooth conduct of the program".

b) Undertaking from Government Employees only

I hereby undertake that I will complete the PGDAEM within two years after registration to the program. Otherwise, I hereby authorize my controlling authority to recover the entire course fee of Rs.15,000/- from my salary.

Signature of the candidate with date

13. Forwarding authority

a) Signature of immediate controlling authority
with **postal address** (with PIN Code) and Phone No.

b) Signature of Project Director (ATMA)
with **postal address** (with PIN Code) and Phone No.

c) Signature of Director SAMETI / SNO
with office seal & Postal address (with PIN Code)
email and office Phone No.

Application to be sent :
Director & Principal Coordinator -PGDAEM
MANAGE, Rajendranagar, Hyderabad – 500 030.
Email: directoraem@manage.gov.in