



**Post-Graduate Diploma in Agricultural Extension Management (PGDAEM)**

**APPLICATION FORM - Twelfth (2018-19) 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
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Please fill the form in capital letters in your own handwriting

**1. Name in capital letters Dr/Mr/Ms**


**2. Date of birth**

D	M	Y

**3. Age as on 1.10.2018**

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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 ( <b>compulsory</b> )																			

**8. Permanent Address of the Candidate**

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

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

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.

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**Application to be sent :**  
Deputy Director & Principal Coordinator -PGDAEM  
MANAGE, Rajendranagar, Hyderabad – 500 030.  
Email: [directoraem@manage.gov.in](mailto:directoraem@manage.gov.in)