



REGISTRATION FORM

AGRI CLINIC AGRI BUSINESS CENTRE

Paste here
your recent
photograph

(Tick Mark wherever necessary)

Name (Surname first)				
ID No. (To be filled by Centre)		Birth Date		
Address for Correspondence				
Permanent Address				
Tele./Mobile No.		Aadhar No.		
E-mail				
Educational Qualifications	Exam Passed	College/ University	Year of Passing	Marks Obtained (in %)
Your Present Situation	Entrepreneur	Employee-Give details	Fresh Graduate	Other – Give details
Category	SC / ST / OBC / DT / NT / OPEN		OTHERS (Give detail)	
Agri. Enterprise Of your interest		Venue of your Agri. Enterprise – Detail Address		
Have you submitted any Project to bank	Yes / No	If Yes, Project Cost -	Nature of Services Provided	Bank Loan Status

Reason for attending this Training Programme.

Place :

Date :

Signature



Agricultural Development Trust's
KRISHI VIGYAN KENDRA, BARAMATI
**AGRI CLINIC AGRI BUSINESS
CENTRE**

UNDERTAKING BY CANDIDATE

I undersigned Mr./Ms/Mrs

Tal:.....Dist:.....declare that before this I have not
availed the training under Agri Clinics & Agri Business Center
schemes from any institute located within or outside state.

Place :

Date :

Signature