Annexure III

Affix recent passport size photograph here

APPLICATION FORM FOR ENROLLMENT IN

CERTIFICATE COURSE ON INSECTICIDE MANAGEMENT

FOR INSECTICIDE DEALERS/ DISTRIBUTORS

THROUGH ONLINE MODULE.

Year---------- Centre----------

S.No. (for Office use only) : ----------

(Please fill the form in capital letters)

Name of Applicant (capital letter)	:	
Father's/ Guardian's Name	:	
Date of Birth	:	
Gender (Male/ Female/ Transgender)	:	
Category (SC/ST/OBC/GENERAL)	:	
Physically Disable (Yes/ No)	:	
Whether Input License Holder or Note		
Valid Insecticide License No./Date		
Tel. No.	:	
Email- Id.	:	
Adhar Number	:	
Postal Address for correspondence	:	
Number and issue date of License held for sell of Insecticide	:	

Educational Qualification :

Sr. No.	Examination	Year	School/ college	University
1	High School			
2	Intermediate			
3	Graduation			
4	Post-graduation			
5	Diploma			

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 enrolment. 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.

Enclose :- Photocopy of Adhar card; License; Educational Qualification Certificate etc

Date :

Place :

After finalization of admission, course fee paid will not be returned.

Name and Signature