

Affix
passport size
photograph



CERTIFIED FARM/LIVESTOCK ADVISOR (for Professional Excellence)

APPLICATION FORM

Year _____

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

| | | | |
|----|----------------------------------|---|---|
| 1. | Name in capital letters | : | |
| 2. | Date of Birth | | Age: |
| 3. | Gender | : | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4. | Category | : | SC/ST/OBC/General |
| 5. | Contact Number | : | |
| 6. | Aadhar Card No | : | |
| 7. | Personal 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

| | | | | | |
|-------------------------------------|---|--|---------------------------|---|--|
| DDNO./Online Payment Details | : | | 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 forwarding authority 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 /Online Payment | : | 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/Livestock 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 seal
& Postal address (with PIN code) and Phone No. :

Application to be sent:
The Director (CCA)&PC(CFA)
MANAGE, Rajendranagar Hyderabad – 500 030
Email: cfa-manage@manage.gov.in, balasubramani@manage.gov.in,
Note: Further details you may visit . <http://www.manage.gov.in/cfa/cfa.asp>

