APPLICATION FORM
FARM MACHINERY TRAINING & TESTING INSTITUTE BISWANATH CHARIALI
MINISTRY OF AGRICULTURE
(DEPARTMENT OF AGRICULTURE & CO-OPERATION)
GOVERNMENT OF INDIA
(Form must be filled in by the applicant in his own handwriting in English or Hindi)

Application for Farm Machinery Utilization Training Course for ____________ month commencing from ____________

1. Name in full (BLOCK LETTERS) __________________________________
2. Father’s Name ___________________________________
3. Date of Birth (Christian Era) ___________________________________
4. Do you belong to SC/SC? If so, ___________________________________
   produce a certificate in its support
   from a Magistrate/Tehsildar/M.P./M.L.A.
5. Name of State to which you belong? ________________________________
6. Permanent Address (BLOCK LETTERS)
   (Name H. No., Road/Street, Post Office, Telegraph Office, Town & District)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
7. Present Address (BLOCK LETTERS)
   (Details as against item 6 above)
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
8. Present occupation _____________________________________________
   ________________________________________________________________
   ________________________________________________________________
   (if employed designation, address of employer and monthly income).
9. Have you received training in any of the Tractor Training Centres?  
   If so, give the Name of Centre & course of Training & its duration.

________________________________________________________________________________

10. What do you intend to do after completion of training? ____________________________

11. Detail of Land:

   (a) Total land possessed by your family? ______________________
   (b) Land in your Name? ______________________
   (c) Who owns the remaining land? ______________________
   (d) Your relationship with the owner? ______________________
   (e) Where the land is located (Vill., Distt., State) ______________________
   (f) Details of experience in farming. ______________________

12. (i) Tractor, implements and other machines your family possess – give details thereof:

<table>
<thead>
<tr>
<th>Machine &amp; Implements/Tools</th>
<th>Type &amp; Make</th>
<th>Registration No.</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tractor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Machines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implements/Tools</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(ii) Name of owner and address: __________________________

________________________________________________________________________________

(iii) Relationship of applicant with the owner: __________________________

(iv) List the name of agricultural machinery you can operate:

________________________________________________________________________
13. Education Qualifications:

<table>
<thead>
<tr>
<th>Name of Board/University</th>
<th>Examinations Passed</th>
<th>Class or Division &amp; Year of passing</th>
<th>Period of Training</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) General</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Technical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Experience:

<table>
<thead>
<tr>
<th>Name of the post held and nature of employment</th>
<th>Name of employer with address</th>
<th>Date of Joining</th>
<th>Date of leaving</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

15. Character: One certificate of character certificate not issued before six months by Gazetted Officer/M.P./M.L.A./Principal/Head Master should be attached with the application.

16. Additional information, if any: __________________________________________

17. Please enclose a residential certificate issued by a Sarpanch or Member of Municipal Committee

18. Details of enclosures:

1.
2.
3.
4.

I hereby declare that the entries in this form are true to the best of my knowledge and belief.

................................................
Signature of the Applicant

Place: __________________
Date: __________________
(TO BE FILLED IN THE CASE OF CANDIDATES SPONSORED BY GOVT. DEPARTMENTS)

No.___________________     Date  ___________________________

Shri………………………………..S/o Sh…………………………………….. is an employee of this Deptt. and may be considered for admission for training. In case of selection he will be relieved for admission and will be treated as on duty/leave.

Signature : _______________________________

Designation : _______________________________

Seal of the Department : _______________________

N.B. : If space in any of the columns is insufficient use reverse page giving reference of the columns.