

APPLICATION FORM

Programme Name:

Date: / /

Rural Agriculture Work Experience (RAWE)

Experiential Learning Programme (ELP)

Agro Industrial Attachment (AIA)



Name of Student:

Father's Name:

Date of Birth: / / Mobile No.:

Email ID

Aadhar No.

Course Name: Session: Roll No.:

College/Institute:

Address:

Village: Ward No.: Block:

District: State: Pin Code:

Declaration:

I do hereby declare that the information provided in this form is accurate to the best of my knowledge. I will adhere to the code of conduct set by the Department of Agriculture, 360 Research Foundation, comply with all instructions from department officials, maintain a respectful demeanor, and seek assistance from the Subject Matter Specialist or nearest expert when needed.

Verified by
(Principal/Coordinator)

Student's Signature

Receipt

Serial Number: Date:

Name of Student:

Programme Name: