

Post-Graduate Diploma in Agricultural Extension Management (PGDAEM) APPLICATION FORM –Fifteenth (2021-22) Batch

For Official use S. No. Center Name: State:									V	Affix recent Passport size Photograph here with signature and attach one additional photo			ıd		
Please fill the form in capita		-	our ow	n hanc	lwrit	ing									
1. Name in capital letters I)r/Mr/	Ms			1	1	1		1		1	1			
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2. Date of birth		Г					T				-		T	_	
3. Age as on 1.10.2021		, L													
3. Age as on 1.10.2021															
4. Sex Male		F	emale												
5. Do you belong to SC / ST /	OBC /	Physical	lly Han	dicapp	ed?										
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				ОВС		<u> </u>	F11		_ Ot	11018					
6. Working in Govern	ment		Non-	Gover	nmen	ıt		Priv	vate O	rganiz	ation		C	Others	
7. Name of the Office/Departm postal address with PIN cod				Agribus	siness	comp	any/C	Coope	rative	Farm(ers' C	rgani	izatio	n/Othe	ers with
Present Designation of															
the Candidate															
Name of the															
Office/Dept/Institute															
Ward / Circle and Place															
Taluk / Post Office															
District															
State															
PIN Code (compulsory)															
8. Permanent Address of the	Candi	date	•						•	•	•	•	•	•	
Ward / Circle and Place															
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Office Telephone (with ST code)Mobile: Email:	TD	1	ı			L	L	:	Person		l		1	l	

Sl. No.	Examination starting from Degree	Year of Pass	College	University	Class / Division
	Degree *				
	Ph.D. ()				
*Note- F	B. Sc (Ag), B.V.S c, Fisher	ies	Others; ** M. Sc (Ag), M.V. Sc, M.F. Sc, .	Others
10. Num	aber of years of experience	:			
11. In w	hich language you would	like to receiv	e the study material:	English	Hindi
12. a) U	ndertaking				
I agree to	y certify that all the inform to abide by the code of conc conduct of the program".				
b) U	ndertaking from Govern	ment Employ	ees only		
	undertake that I will comp authorize my controlling a				
				Signature of the	ne candidate with date
13. Forv	warding authority				
	ture of immediate controlli postal address (with PIN 0		ne No.		
	ture of Project Director (A postal address (with PIN 0		ne No.		
With	ture of Director SAMETI / office seal & Postal addres	s (with PIN			

9. Qualifications (enclose attested copies)