



भारत सरकार
Government of India
कृषि एवं किसान कल्याण मंत्रालय
Ministry of Agriculture and Farmers Welfare
कृषि एवं किसान कल्याण विभाग
Department of Agriculture and Farmers Welfare
उत्तर पूर्वी क्षेत्र कृषि यंत्र प्रशिक्षण एवं परीक्षण संस्थान,
NORTH EASTERN REGION FARM MACHINERY TRAINING & TESTING INSTITUTE
विश्वनाथ चारिआलि, विश्वनाथ, असम - 784176
Biswanath Chariali :: Biswanath :: Assam-784176
An I.S.O. 9001- 2015 Certified Institute

Affix Passport
Size Photo

Web site : <http://nerfmtti.nic.in>

E-mail : fmti-ner@nic.in

APPLICATION FORM FOR TRAINING

Name of Course: _____ Course commencing from: _____

1. Name of full (BLOCK LETTERS)

English	
Hindi	
2. Fathers/ Husband Name

English	
Hindi	
3. Date of Birth (Christian Era)

DD	MM	YYYY					
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4. Whether belong to SC/ST/OBC (Attach : certificate in its support from a competent Authority)
5. Name of state to which belongs :
6. Permanent Address*

Vill/Town: _____ P.O: _____

District: _____ State: _____

Pin: _____
7. Present Address*

Vill/Town: _____ P.O: _____

District: _____ State: _____

Pin: _____
8. Gender (M/F) (*) :
9. Religion (*) :
10. Contact No (*)

A. Mobile No

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B. Email Id :
11. Bank details of the Candidate (*)

A. Account No. :

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B. Name of Bank :

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C. IFSC code :

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12. Adharcard No.

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13. Present Occupation (if employed designation, Address of employer and monthly income) :
14. Have you received training in any of the Institute/Training Centre? (If so, give the name of the Institute/Centre & name of Training Programme & its Duration) :
15. What do you intend to do after completion of Training :

(* All fields are mandatory)

16. (i) Tractor, Implements and other machines your family Possess-Give details regarding

Machines & Implements	Type & Make	Registration No.	Remarks
Tractor			
Other Machines			
Implements			

(ii) Name of Owner and Address :

(iii) Relationship of applicant with the owner :

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

17. Educational Qualification:

	Name of Board or University	Examination Passed	Class or Division & year of Passing	Period of training		Subject
				Year	Month	
General						
Technical						

18. Experience:

Name of the post held or nature of employment	Name of employer with address	Date of joining	Date of leaving	Salary

19. Character: One certificate of character not older than six month from Gazetted Officer/M.P/M.L.A/Principal/Head Master should be attached with the application.

20. Additional Information, if any:

21. Details of enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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

Place:

Signature of the Applicant

Date:

(TO BE FILLED IN THE CASE OF CANDIDATES SPONSORED BY GOVT DEPARTMENT)

No.:

Date:

Shri _____ is an employee of this Department and may be considered for admission for training. In case of selection he will be relived for admission and will be treated as on duty/leave.

Place:

Signature:

Designation:

Seal of the Department: