



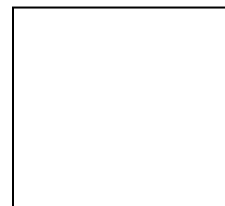
# Krishi Vigyan Kendra

(National Horticultural Research & Development Foundation),  
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## Application Form Certificate Course On Insecticides



Name of the applicant:	
Father's name / Guardians name:	
Date of Birth:	
Gender (Male/ Female/ Transgender)	
Tel. No	
Email. ID	
Aadhar Number	
Category (SC/ ST/ OBC/ General)	
Postal Address	
Firm Name	
License number & validity date	
Proprietor Address	
Physically Disable (Yes/ No)	

**Qualification:**

<b>Sr No</b>	<b>Examination</b>	<b>Year</b>	<b>School/ Collage</b>	<b>University</b>
1.	High School			
2.	Intermediate			
3.	Graduation			
4.	Post-Graduation			
5.	Diploma			

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 enrolment. 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.

Date :

Place:

Note: After finalization of admission, course fee paid will not be returned.

Name and Signature