

Application for "MANAGE Agri-Clinic"

| Sl. No. | Details | |
|----------------|---|--|
| 1. | Name: | |
| 2. | Age: | |
| 3. | Gender: | |
| 4. | Contact Address: | |
| 5. | Mobile No. & Landline | |
| 6. | Email: | |
| 7. | Education Qualification: | |
| 8. | Training programmes relevant to profession completed: | |
| 9. | Awards Recognitions received (If any): | |
| 10. | Nature of extension & other services experience : | |
| 11. | No. of farmers willing to serve: | |
| 12. | No. of villages willing to serve: | |
| 13. | Geographical area in which you would like to provide advisory to farmers: (Mention Districts in Andhra Pradesh and Telangana) | |
| 14. | Name of the crops / enterprises in which specialization is attained. | |

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| 15. | <p>Documentary proof (If any):</p> <ol style="list-style-type: none">1. Brief report on Advisory services provided to farmers, supported with photographs.2. Media Reports.3. Literature & Leaflets.4. Feedback from farmers of the service area about accessibility, ease of approach, timely response, accountability, accuracy of advice. | |
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Signature