



Shriram Shikshan Sanstha

Agri-Clinics and Agri-Business Center, Paniv

Tal-Malshiras, Dist-Solapur 413113 (Maharashtra)

Application Form for Enrollment of Candidates

1.	Name of the candidate	
	Name of Father / Spouse	
2.	Date of Birth	
3.	Sex (Male / Female)	
4.	Permanent Address	
	Village and Panchayat	
	Block and / or Tehsil	
	District	
	State	
	PIN code	
5.	Address for Correspondence	
6.	Education Qualification	
	Name of the Degree / Diploma / Certificate / Course	
	Board / Institute / University where studied	
	Marks / Grade obtained	
	Year of Passing / completion	
7.	Contact details	
	Telephone / Mobile	
	Email	
8.	Experience	
8A	Family Background	
	Agriculture	
	Other than agriculture	
9.	Agri-Business interest	
	Nature of enterprise being planned to set up after the training	

	Experience in the enterprise being planned	
	Likely place of establishment of enterprise	
10.	Aptitude for extension work with brief details of extension work done and vision for future in serving farmers	
11.	Aadhaar No.	
12.	Name of the Bank	
	Branch Name :	
	Account No:	
	IFSC Code:	

Date :

Signature: