



National Institute of Agricultural Extension Management (MANAGE)
Rajendranagar, Hyderabad - 500 030
 (An Organization of Ministry of Agriculture & Farmers Welfare, Government of India)

Photo

APPLICATION

Post Applied for

1 Name of Candidate (Capital letter)

2 Date of Birth (DD/MM/YYYY)

 3 Age on 21/04/2017

 4 Gender (M/F)

5 Present address of the candidate in full for postal Communication

6 Email address

7 Phone number / Mobile number

8 Permanent address of the candidate

9 (a) Educational Qualifications (Enclose attested copies of Certificates)

Sl. No	Name of Examination/Degree (beginning with HSLC)	Board/University	Year of Passing	Marks (%)	Class/ Division
1					
2					
3					
4					
5					

(b) Professional Qualifications/ Training Received (Enclose attested copies of certificates as applicable)

Sl. No	Name of training Programme/Nature of Training	Duration	Organization where training was provided
1			
2			
3			
4			

10 Employment History (Enclose attested copies of Experience Certificates)

Sl No	Name of the Organization/ Employer	Post held/ Designation	Date		Total duration	Job Responsibilities (in brief)
			From	To		
1						
2						
3						
4						
5						
6						

11 Experience in Please tick mark (√)

- (a) Identifying and selecting potential incubatees
- (b) Analyzing funding requirements of each startup
- (c) Assisting startups in the areas of strategy and business plan
- (d) Defining, building and finalizing client agreements

12 Languages	Read	Write	Speak
(e) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13 Any other relevant information if the candidate would like to state (like computer certificate course, etc.)

14 Declaration:

I do hereby declare that all the information given above are correct & complete in all respect. I understand that my application is liable to rejection if any of the information started above is found to be incorrect and is not supported by certificate.

Date: _____

SIGNATURE OF THE APPLICANT

