

**ANNEXURE II****APPLICATION FORMAT FOR NODAL TRAINING INSTITUTES (NTIs)  
UNDER ACABC SCHEME**

1.	Name of the Organization	
	Address	
	Location (State Head quarters / District Head quarters / Others)	
2.	Name of the Head of the organization	
	a) Address	
	b) Mobile No.	
	c) E-mail address	
	d) Web site	
3.	Type of Organization (Central Government / State Government / NGO / Krishi Vigyan Kendra / Private Agribusiness Company / Others, Specify)	
4.	Year of Establishment	
5.	Registration No.(if any)	
6.	Activities undertaken by the Organization	
	Agriculture Training /Extension/Research	
	Education including Adult Education	
	Health and Nutrition	
	Social service	
7.	Training experience (no. of years)	
	Agriculture and Allied areas	
	Entrepreneurship Development Programmes	
	Others	
8.	Training Facilities available:	
	Class rooms – own (adequacy and status)	
	Class rooms – rented (adequacy and Status)	
	Hostel – own (adequacy and status)	
	Hostel - rented (adequacy and status)	
	Catering facilities – own (adequacy and status)	
	Catering facilities – rented (adequacy and status)	
	Teaching aids (Computer, internet, LCD Projector, TV, Web Camera,	

	Sound System etc.)	
	Transport vehicles (Bus / Van for field trips)	
9.	Staff and Resource persons:	
	a) a) Faculty: Technical (Agri. and allied disciplines) : Non-Technical Numbers	
	b) Other support staff – Number	
	c) Background of Nodal Officer (Agriculture / Non-Agriculture)	
	d) Availability of Guest faculty / Resource persons	
10.	Financial details:	
	a) Net worth of the Organization (in lakhs)	
	b) Income over expenditure for the past two years : (Positive / Negative)	
11.	Associations with Govt. programmes :	
	a) Related to Agri & Allied areas (Specify)	
	b) Others (Specify)	
12.	Accreditation:	
	a) Details of Ratings if any	
	b) Recognized by Central / State Governments	
	c) Others if any	
13.	Experience in Entrepreneurship development and liaison with bankers/ financial institutions	
14.	Describe the preparedness of your organization in conducting training and handholding under Agri-Clinics and Agri-Business Centres Scheme	

Place :

Date :

Name :

Designation :

Signature :