

## Food and Agricultural Research and Extension Institute

## Application Form for Training Course

1.	Course applied:	Course Code:	
2.	Surname: Mr/Mrs/Ms		
3.	First name:		
4.	Address:		
5.	(i) Tel. No: (iii) Mobile No: (iii) Email:		
6.	. NID:		
7.	Highest educational level attained  (i) Academic: CPE Secondary SC/HSC Tertiary  (ii) Other formal trainings/professional qualifications		
8.			
9.	Current involvement in agriculture:	ctionArp/Ha No. of heads	
10.	.0. Agricultural activity undertaken		
	(i) Part time (ii) Full time (iii) Years of experience in agricultural	activity:	
11.	. Time preference to attend training (i) Morning 9.00 - 12.00 (ii) Afterno	oon 13.00 - 16.00	
I,			
Ref	r office use.  ference No.: Date received: Training Batch		