

Feed the Future India Triangular Training (FTF ITT)

Photograph
(35 x 45 cms)

Name of the program applied for:

Venue:

Date:

APPLICATION FORM

Instructions: Please download the application form, complete it by filling all the fields through **TYPING**, attach a recent colour photograph, scan the completed form and e-mail it to **MANAGE** at pmu.manage@manage.gov.in. Avoid filling application through hand writing. Incomplete or modified forms will not be considered.

1. PERSONAL INFORMATION:

1.1 Name (as in passport): _____
Surname/Last Name First Name Middle Name

1.2 Date of Birth (MM-DD-YYYY) :

1.3 Place of Birth:

1.4 Marital status

1.5 Father's/ Husband's Name:

1.6 Nationality :

1.7 Passport Number :

1.8 Date & Place of Issue (Passport):

1.9 Date of Expiry(Passport) (MM-DD-YYYY) :

1.10 Sex: Male / Female /Others

Note: Attach a scanned copy of the passport pages which include the address and passport expiry information

1.10 Home Address:

Telephone/Mobile:

WhatsApp contact number:

Fax No.:

Email:

1.11 Emergency contact details:

Name of the person to be contacted:

Relationship:

Address:

Telephone/Mobile:

Email:

2. EMPLOYMENT RECORD:

Current Designation/Job:

Name of the Organization/Department:

No. of years of service in the Job:

Office Address:

Telephone/Mobile:

Fax No.:

Email:

Brief description about nature of work:

How this FTF ITT international training programme help in improving your performance in your Work Place:

3. NATURE OF INSTITUTE YOU BELONG TO

Mark only one ✓ on correct option

1. Government ()
2. Private enterprise ()
3. Non-Government Organization (NGO)/ Cooperatives/ Self Help Groups (SHG)/ Farmer organization etc. ()

4. YOUR JOB ROLE / FUNCTIONS

Mark only one ✓ on correct option

1. Management ()
2. Research and Development (R&D) ()
3. Technical ()
4. Extension ()
5. Training ()
6. Other.....

5. MAJOR SECTOR IN WHICH YOU ARE PRESENTLY WORKING

Mark only one ✓ mark on correct option

1. Agriculture ()
2. Horticulture ()
3. Dairy and animal husbandry ()
4. Forestry ()
5. Poultry ()
6. Fisheries Plant protection ()
7. Rural development Marketing ()
8. Academic/ Research ()
9. Others ()

6. TOTAL YEARS OF PROFESSIONAL EXPERIENCE

Mark only one ✓ on correct option

1. Up to 3 years ()
2. 3-10 years ()
3. More than 10 ()

7. PRIOR INTERNATIONAL TRAININGS OBTAINED

Mark only one ✓ on correct option

1. None ()
2. 1 ()
3. 2 ()
4. 3 or more ()

8. EDUCATION (START WITH LATEST INSTITUTION ATTENDED)

Name of the institute & Place	Major fields of study	Year of study (From – To)	Qualification

9. MEDICAL STATEMENT:

I am in good health at present

I am physically and mentally able to carry out intensive training away from home

I am free from infectious diseases (tuberculosis, trachoma, skin diseases etc.)

Oral Pulse Polio Vaccination and / or Yellow Fever Vaccination : Taken / Not taken

If taken, date of administration (enclose the certificate):

Please visit: <http://www.hcinairobi.co.ke/notices> for details.

10. SUPERVISOR'S CONTACT DETAILS:

Name of Office Supervisor:

Address of Office Supervisor:

Email Id of Office Supervisor:

Telephone/Mobile:

Fax No:

Mention how the candidate is ideal choice for this FTF ITT program:

Signature of the Office Supervisor along with Seal:

11. APPROVING GOVERNMENT AGENCY'S DETAILS:

Name of Sponsoring Agency:

Address of Sponsoring Agency:

Contact Details

Email Id:

Telephone/Mobile:

Fax No:

I certify that the information provided is correct and true to the best of my knowledge. I have read the terms and conditions of the participating in this FTF ITT programme and I shall abide by them in right spirit

Signature of the Candidate

Date: