

Certificate Course on Rural Development and Decentralised Planning

Application Format

1. Name
2. Sex (M/F)
3. Father/Husband/Mother name
4. Date of Birth (DD/MM/YY)
5. Nationality
6. Religion
7. Category (Please specify)

SC	ST	BC (A/B/C/D/E)	Un Reserved

8. Telephone Number: _____ Mobile Number: _____
9. Email ID _____
10. Address for Communication _____

11. Educational Qualifications (from SSC)

S No	Exam passed	Board/University	Year passing	of	% of marks

12. Employment particulars

S No	Post held	Organisation/Office	Station	From	To	Nature of duties

13. Expectations from the Course

14. Details of sponsorship

DECLARATION BY THE APPLICANT

I declare that all the foregoing statements made in this application are true. I accept that any statement made in this application, if found incorrect on scrutiny, the application will be liable for rejection and admission, if granted on the basis of such incorrect information, will stand cancelled.

Place:

Date:

Signature of the candidate.

Note:

1. Incomplete applications will be summarily rejected. No correspondence in this regard will be entertained.
2. AMR APARD will not be responsible for any postal delay / loss in transit.