



अंतर्राष्ट्रीय उन्नत कृषि कौशल विकास संस्थान

A venture of Hahnemann Charitable Mission Society (HCMS), An ISO 9001-2008, 80 G, 12A, FCRA Registered, Certified Organization

REGISTRATION FORM

Seat/Sr. Number: -----

Date: -----/-----/2019

Name:-----

Paste your recent
Passport size photo
here

Father's /Husband's Name:-----

Permanent Address:-----

Village:-----, Post:-----, Tehsil:-----

District:-----, State:-----

Pin Code:-----, Nationality:-----

Date of Birth-----, Gender: Male/Female.

Mobile Number:-----

Email id:-----

EDUCATION DETAILS:

SR. NO.	NAME OF COURSE	YEAR
1		
2		
3		

OTHER PROFESSIONAL EDUCATION:

SR. NO.	NAME OF COURSE	YEAR
1		
2		
3		

Specialization in Agriculture:-----

Current Occupation:-----

Approximate Annual Income-----

Why interested to get registered with us:-----

How do you know about IIAASD -----

Please attach and send below mentioned documents along with the filled up application form to us:

- Address proof- Aadhar Card, Driving License or Passport etc
- ID proof- Aadhar, PAN Card, Driving License etc.
- Copy of last education (Leaving Certificate or Mark sheet)

TERMS & CONDITIONS

- Registration fee of the candidate will be non-transferable and non-refundable
- All expenditures in connection with availing training course shall be borne by the candidate only
- Registration fee will be acceptable by NEFT/ RTGS or Demand Draft payable in favour of **Hahnemann Charitable Mission Society, Jaipur A/c No-560371000144189 Corporation Bank, Location: G 1 168 EPIP GARMENT ZONE SITAPURA INDUSTRIAL AREA DISTRICT JAIPUR 302022. IFSC CORP0003031**
- All matters shall be subject to Jaipur Jurisdiction only
- All rights are reserved with the organization
- Candidate must keep in touch with head office by phone or personally after registration, otherwise in any manner organization will not be responsible for any loss.

DECLARATION

I have gone through all terms and conditions related to registration and I accept the same. I will pay all the expenditures and fulfill the formalities by myself. I'm handing over all relevant documents willfully, on dated----/-----/20-----which are true and correct. I'm hereby furnishing all information after getting fully satisfied about training course.

Signature of Trainee

Date: