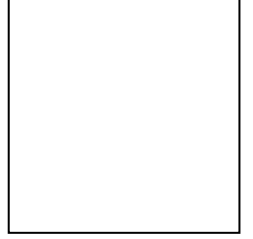


## Proforma of Application for Training Programme under ACABC scheme



Full name of the candidate	
Name of Father/Spouse	
Date of birth (Enclose attested copy of secondary certificate)	
Gender (Male/ Female)	
Caste	
Family background: (Agriculture/ Business / others)	
Permanent address	
Address for correspondence (Include Pin Code)	
Telephone/Mobile	
Email	
Aadhar Card No.	
Name of the Bank	
Branch Name	
Account Number	
IFSC Code	
<b>Educational Qualification (Enclose self attested copies of relevant certificates)</b>	
Name of the Degree/ Diploma/ Course etc	
Name of the institute from where the above Degree/Diploma/Course was obtained	
Name of the University/ Board etc to which the above institute is affiliated	
Year of Passing/Completion	
Marks/Grade point obtained	
<b>Agribusiness Interest</b>	
Type of business proposed to be set up after the training	
Where do you want to start the business?	
Length of Experience in the proposed business (Years) [Enclose Experience Certificates, if any]	

**To**

IIPM Centre Jorhat, TTRI Campus,  
 Tocklai Experimental Station P.O,  
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**Signature of the Candidate**