

National Academy of Agricultural Research Management Rajendranagar, Hyderabad 500 407

> National Agricultural Innovation Project Learning and Capacity Building Programme



Nomination Form

Name of the Programm	ne		:																				
Dates (dd/mm/year):													to										
NAIP Consortia/ Project (if applicable)	::																						
A. General Information	•																						
1. Candidate's Name (in full)	:																						
2. Date of Birth (dd/mm/yy) :									3. 0	Sen	der	(tic	:k m	ark)		Ма	le		Fe	mal	e		
4. Address for correspondence																							
Name:	:																						
Designation:	:		_																				
Institution Name	:						_	_										_					
Address								_															
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																							<u> </u>
Country :										NIV	/ ZIF	о СС	DDE						1		-		
Telephone # (Country Code-Area/STD Code-Phone #): Office																							
Telephone # (Country Code-Area/STD Code-Phone #): Home																							
Telephone #: Mobile																							
Fax (Country Code-STD Code-Phone Number):																							
E-mail ID:	E-mail ID:																						
Alternate E-mail ID:																							
5. Educational Qualification	S																						
(i) Highest degree obtained	:																						
(ii) Discipline:																							
6. Professional Experience (years): 7. Experience in the programme area (years):																							
B. Programme Specific Information																							
1. Source of information ab	out the	prog	ram	nme	e (Pl∈	ease	e ch	eck	the	app	prop	riat	te a	nsw	er u	sing	√	mar	k):				
a) Personal contact	a) Personal contact b) Own organization c) Other organization																						
d) Programme brochure / NAARM Website or Faculty f) Others (specify)																							
2. Relevance of the programme (Please check the appropriate answer using \checkmark mark):																							
a) To present job																							
d) To career advancement e) Any other (please specify)																							

3. Training undergone in the area of this train	-									
(List only 3 previous programmes attended any		at NAARM) Training organization								
Programme title	Date(s)	i iraii	ning organiz	ation						
4. Proficiency in Computers and Informatics:										
Low Medium			High							
5. Programmes attended at NAARM in last the	ree years:									
 What are your expectations from this pr importance) 	ogramme?	(Please	list at least	three e	expectation	s in or	der of			
a)										
b)										
c)										

Candidate's signature with date:

The candidate is being sponsored by the Institute / Organization for attending the programme.

Signature of the Head of the Sponsoring Institute / Organization with seal and date

C. FOR OFFICE USE ONLY												
1. Nomination ID				2. Programme ID								D
3. Nomination Stat	us	Aco	сер	ted			•					Not Accepted
4. Receipt Number												Date
											Sig	nature of the Course Director

You may also download this form from NAARM Website: http://icar.naarm.ernet.in