

ADVANCE CENTER OF MUSHROOM RESEARCH
Dr. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY, BIHAR
PUSA (SAMASTIPUR) – 848125

Registration Form for

From _____ TO _____

1.	Name of applicant (in capital letter only)	:	
2.	Father's/Husband Name	:	
3.	Permanent Address	:	
a.	Village	:	
b.	Post Office	:	
c.	Block	:	
d.	District	:	State :
e.	Sex (Male/Female)	:	Mobile No.
4.	Date of Birth	:	Age :
5.	Category	:	
6.	Occupation	:	Farmer/Student/Other
7.	Family size	:	
8.	Annual Income	:	
9.	Educational Qualification	:	
10.	Name of the Project/ Scheme	:	
11.	Sponsored by	:	
12.	Fee if any	:	
13.	Experience in Mushroom production	:	

Place :

Date :

Signature of Candidate