**ADVANCE CENTRE OF MUSHROOM RESEARCH**

**DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY**

**PUSA, SAMASTIPUR- 848 125 (BIHAR)**

**REGISTRATION FORM**

**Training Programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
|  | Name of Applicant  (Mr./Mrs./Miss./Dr.) |  |
|  | Father’s/Husband Name (S/o, D/o, W/o) |  |
|  | Permanent Address |  |
| **i** | Village |  |
| **ii** | Post Office |  |
| **iii** | Block |  |
| **iv** | District  |  |
| **v** | State |  |
|  | Sex (Male/Female) |  |
|  | Date of Birth/Age |  |
|  | Mobile No. and Email Id |  |
|  | Category (SC/ST/OBC/GEN) |  |
|  | Occupation (Farmer/Student/Other) |  |
|  | Family Size  |  |
|  | Annual Income  |  |
|  | Educational Qualification  |  |
|  | Name of the Project/Scheme |  |
|  | Sponsored By |  |
|  | Fee |  |
|  | Experience in Mushroom Production |  |

**Place:……………….**

**Date:……………….. Signature of Candidate**