Sl.No.

GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF AGRICULTURE

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER PILOT PROJECT ON ESTABLISHMENT OF AGRICULTURE CLINIC/ SELF EMPLOYMENT ENTERPRISES BY AGRICULTURE TECHNOLOGIST

1. NAME OF THE APPLICANT

2. DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y

4. SEX

MALE		FEMALE	

5. FATHER'S /HUSBAND'S NAME

6. ADDRESS FOR COMMUNICATION

E mail									**Tel.No.**							

7. ADDRESS OF PROPOSED LOCATION OF UNIT

8. NAME OF THE PREFERRED BANK

BANK NAME: .....

ADDRESS: .....

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