Advertisement No.CFMTTI/02/201	19
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D-4	
Date	

## Application for the post of **COMPOUNDER** in

Farm Machinery Training and Testing Institute,
Department of Agriculture, Cooperation and Farmers Welfare
Ministry of Agriculture and Farmers Welfare

William Co.	1.	Name in full (Block Letters)		
	2.	Father's Name (in Full)		
	3.	Date of Birth (as per Class Certificate)	10 <sup>th</sup>	
DEC SAMERICANIA TOWNS OF	4.	Nationality		
	5.	Religion		
	6.	Caste with supporting document		
TO STATE OF THE ST	7.	(only for SC/ST/OBC applicants) Permanent address		:
nt d S. Galfakessan i generale a	ALCOHOL: 25			District: ; City: State: Pin Code: Mobile No.: Email:
	8.	Address for communication:		
Part of the second	Heart 18 days			District: ; City: State: Pin Code: Mobile/Tele. No. : Email:
9	. Ed	lucational Qualification (Starting fro	om hig	hest qualification attained):

SINULENG AND ON THE VIOLEN	Class/ Degree	Year of passing	Division	% of marks obtained	Name of Institute/University	Subject
				47:		
Contract clean)	Total and provide the second					

10. Details of Experience (starting from latest employment):

Name of Post Name of organization Whether Govt. or Private

Enclosures:

**Note**: Copies of all documents submitted must be self-attested by the applicant.

<u>Declaration</u>: I certify that the above information provided by me is correct and nothing has been concealed.

Date:

Place:

Signature of Applicant