



# Sagar Nodal Training Institute

(Sagar Group of Institutions - Hyderabad)

Campus: "Flame of Forest" Chevella- Urella Road, Urella (PO), Chevella, Hyderabad-501503.

Contact: +91-8886322225 E-mail Id: snti@fabs.ac.in

## AGRI-CLINICS AND AGRIBUSSINESS TRAINING PROGRAMME

(Sponsored by Government of India)

### APPLICATION

Paste Your  
Latest Photo

- Name of the Candidate: .....  
(In block letters as per SSC)
- Father's / Guardian Name: .....
- Date of Birth: ..... 4. Gender: Male/Female 5. Caste
- Permanent Address: .....  
.....Pin Code.....
- Address for Correspondence: .....  
.....Pin Code.....

#### 8. Education Qualifications:

Course/ Examination	Year of Passing	Specialization	Marks %	Institution Name & Location	University/ Board
X Class					
XII/Intermediate					
Diploma/ Graduation					
Any other Degrees					

- Contact No.: ..... Parent/ Resident Contact No.: .....
- Aadhaar No: ..... E-mail ID: .....
- Family Background: A) Agriculture B) Non-agriculture C) Other Extension Cervices
- Experience in Agriculture.....
- If you have established, specify the name of the enterprise:  
Experience of the enterprise (Y/M): .....Place/ Location of the Enterprise:.....
- Project Code/s: 1..... 2.....3.....  
(you can choose 2-3 project areas from the list overleaf)
- Name & Address of nearest Bank any of the following:  
Commercial Bank, Regional Rural Bank, District Central Cooperative Bank or State Agriculture and Rural Development Bank

Account Holder Name.....Account No..... Name of the Bank.....Branch.....IFSC Code.....

Post this application to "The Nodal Officer, Sagar Nodel Training Institute, Sagar Group of Institutions, Flame of Forest Chevella- Urella Road, Urella (PO), Chevella, Hyderabad- 501503".

For further details if any please contact Mr. Arun Kumar, Coordinator- SNTI, Contact No: +91-8886322225

Enclosures to be submitted (Attested copies of the Candidate)

- Date of Birth
- Qualification Certificates
- Resident address Proof

**Note:** Rs. 500/- (Rupees Five Hundred) in cash to be remitted with the Accounts Manager, Group of Institutions at the time of selection in the "Screening Committee Meeting"

Date of Submission of application..... Signature of the Applicant.....

### Project Details:

<b>Code</b>	<b>Area</b>	<b>Code</b>	<b>Area</b>
<b>Project 01</b>	Agri-Clinics and Agribusiness Centers	<b>Project 17</b>	Fishery clinic
<b>Project 02</b>	Agro-Econ Tourism	<b>Project 18</b>	Seed processing and Agri-Business
<b>Project 03</b>	Animal Feed Unit	<b>Project 19</b>	Soil Testing Laboratory
<b>Project 04</b>	Bio-fertilizer production and Marketing	<b>Project 20</b>	Tissue Culture Unit
<b>Project 05</b>	Contract Farming	<b>Project 21</b>	Vegetable production and Marketing
<b>Project 06</b>	Cultivation of Medicinal Plants	<b>Project 22</b>	Vermicom posting/organic manure
<b>Project 07</b>	Direct Mkt. /Retail Mkt	<b>Project 23</b>	Veterinary Clinics
<b>Project 08</b>	Farm Machinery Unit	<b>Project 24</b>	Crop Production
<b>Project 09</b>	Fisheries Development	<b>Project 25</b>	Diary /poultry/piggery/ Goatory
<b>Project 10</b>	Floriculture	<b>Project 26</b>	Rural Godown
<b>Project 11</b>	Horticulture Clinic	<b>Project 27</b>	Production & Marketing of Bio-control Agents
<b>Project 12</b>	Landscaping + Nursery	<b>Project 28</b>	Agriculture Journalism
<b>Project 13</b>	Nursery	<b>Project 29</b>	Sericulture
<b>Project 14</b>	Organic Production / Food Chain	<b>Project 30</b>	Mushroom Cultivation
<b>Project 15</b>	Pesticides Production and Marketing	<b>Project 31</b>	Apiary
<b>Project 16</b>	Value Addition		