

APPLICANT NO.

CAPACITY BUILDING AND TRAINING –FARMERS

NAME IF THE TRAINING CENTRE: **RSRS, CSB, GHUMARWIN (H.P)**

TITLE OF THE TRAINING:

TRAINING BATCH:

YEAR OF TRAINING:

PRIMARY DETAILS OF TRAINEE

SL. NO	PERONAL INFORMATION	TO BE FILED BY TRAINEES
1	ID TYPE &NO.	
2	TRAINEES NAME(BLOCK LETTERS)	
3	FATHER'S NAME	
4	MOTHER'S NAME	
5	HUSBAND'S /SPOUSE 'S NAME	
6	DATE OF BIRTH (IN THE FARM :1 JAN-2011)/AGE	
7	GENDER (MALE /FEMALE)	
8	MARITAL ADDRESS (SINGLE /MARRIED	
9	ADDRESS (PRESENT /PERMANENT)	
10	CONTACT DETAILS :(MOBILE(S) LANDLINE NO.	
11	E-MAIL	
12	STATE	
13	DISTRICT	
14	CITY/VILLAGE	
15	PIN CODE (IN FULL)	
16	CATEGORY (SC,ST,OBC,MINORITY ,GENERAL)	
17	EDUCATIONAL QUALIFICATION	
18	EXPERIENCE IN SERICULTURE (YEARS)	
19	CERTIFICATE OF THE QUALIFICATION ENCLOSED (YES /NO)	

DATE :

PLACE :

SIGNATURE OF TRAINEES

FORMAT -II

Name of the respondent											
Father's/Husband's Name											
Occupation											
Size of the family involved with sericulture											
Annual Income of family (Rs.)											
Income of Sericulture (Rs.)											
Land holding (ha)					Irrigated	Non-irrigated	Total	No. of plants*			
*for landless /marginal farmers											
Trainings Undergone:											
S. No.	Title of training				When attended		Duration		Institute		
1											
2											
3											
4											
5											

Rearing Data/Yield Parameters:

Year	Season	Total seed (DFLs)	Total yield	Average Yield	Total Income
2013	Spring				
	Summer				
2014	Spring				
	Summer				
2015	Spring				
	Summer				