**NATIONAL INSTITUTE OF PLANT HEALTH MANAGEMENT**

**APPLICATION FORM FOR ADMISSION TO POST GRADUATE DIPLOMA IN PLANT  
HEALTH MANAGEMENT & DIPLOMA PROGRAMMES — 2016-17**

Name (in capital letter) : *Photo*

Gender : Male / Female

Date of Birth :

Category **:** General /0BC/SC/ST/Physically Challenged

Present Address :

Permanent Address :

Email id :

Contact Number (mobile) :

Educational Qualifications

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Qualification | University | Subject/s | Marks / Grade | Division | Year of Passing |
| Post Graduate |  |  |  |  |  |
| Graduate |  |  |  |  |  |

Rank / Awards / Achievements any :

**DECLARATION**

I hereby declare that all the information furnished above by me are true and correct to the best of my knowledge and belief. I agree to abide by all codes and conduct arid rules as may be framed from time to time by the institute authorities for smooth conduct of the programme.

Date:

Place:

(Signature of the Applicant)

Instruction for applicants: Filled in application in all aspects should reach the Registrar of the Institute in prescribed time either by Post! Email ([registrarniphm@nic.in](mailto:registrarniphm@nic.in)) before 30.06.2016.