

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 /OBC/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 and 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) before 30.06.2016.