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| IMG_256 |   National Institute of Plant Health Management Department of Agriculture & Farmers WelfareMinistry of Agriculture & Farmers Welfare, Government of IndiaRajendranagar, Hyderabad – 500030 | logo_ |

 **Training on Scientific Beekeeping****Application form**

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| --- | --- |
| First Name\* | Recent passport size photo |
| Middle Name |  |
| Last Name |  |
| Name as it should appear on the Certificate\* |  |
| Father’s Name |  |
| Mother Name |  |
| Sex | Male / Female |
| Date of Birth |  |
| Religion |  |
| Category | (Gen/SC/ST/OBC/PwD/Women/EWS) |
| Marital status(Single/Married) |  |
| Address with Pin code |  |
| State |  |
| Mobile No & Email |  |
| Aadhaar Number |  |
| Educational Qualification |  |
| Experience in bee keeping (if any) |  |
| Any other information |  |

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