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| |  |  |  | | --- | --- | --- | | IMG_256 | National Institute of Plant Health Management  Department of Agriculture & Farmers Welfare  Ministry of Agriculture & Farmers Welfare, Government of India  Rajendranagar, Hyderabad – 500030 | logo_ |   **Training on Scientific Beekeeping**  **Application form**   |  |  | | --- | --- | | 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 |  | |