

**ADVANCE CENTRE OF MUSHROOM RESEARCH
DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY
PUSA, SAMASTIPUR- 848 125 (BIHAR)**

REGISTRATION FORM

Training Programme _____

From _____ **To** _____

1	Name of Applicant (Mr./Mrs./Miss./Dr.)	
2	Father's/Husband Name (S/o, D/o, W/o)	
3	Permanent Address	
i	Village	
ii	Post Office	
iii	Block	
iv	District	
v	State	
4	Sex (Male/Female)	
5	Date of Birth/Age	
6	Mobile No. and Email Id	
7	Category (SC/ST/OBC/GEN)	
8	Occupation (Farmer/Student/Other)	
9	Family Size	
10	Annual Income	
11	Educational Qualification	
12	Name of the Project/Scheme	
13	Sponsored By	
14	Fee	
15	Experience in Mushroom Production	

Place:.....

Date:.....

Signature of Candidate