

Application Form

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1. Name of the Applicant (Farmer) : _____
2. Name of the Father/Husband: _____
3. Address (Correspondence):
Village _____ Post office _____
GP _____ Block _____
District _____ PIN _____
4. Address (Permanent):
Village _____ Post office _____
GP _____ Block _____
District _____ PIN _____
5. Applying for which Cluster & Block : -
 - A. Name of the Cluster:
 - B. Name of the Block:
6. Highest Qualification (Minimum Matriculation) : _____
7. Sex (Male/ Female) : _____
8. Age as on 01.02.2025 : _____
9. Identity Proof (ADHAAR/ Voter ID): _____ (copy to be enclosed)
10. Whether awarded at National/State/District/Block level for outstanding works in Agriculture, Horticulture or any allied sector (Yes/ No):-
(If yes attach a photocopy of the certificate as proof)
11. Contact No: _____

Date:
Place

Signature of Applicant

Acknowledgement

Received the application form from _____, Block _____, District _____ on date _____ for application for Value Chain Facilitator.

Signature of the BAO/ AAO/ Block Co-ordinator/
BFT of FOLUR Impact programme

Date: