## **APPLICATION FORM**

To, Chief Excutive Officer, **Applicant** is Chhattisgarh Certification Society, India required For Forestry & Agriculture (CGCERT) Paste his / her SFRTI Campus, Near Vidhan Sabha, Zero Point recent colored Baloda Bazar Road, Raipur C.G-493111 photograph inside the box. BIODATA OF APPLICANT 1- Name of Applicant 2- Full Corespondance Address 3- Date of Resignation (if worked under any Organic Certification Agency) 4- Mobile No. 5- E-mail ID 6- Practical / Basic Computer Knowledge Yes No 7- Educational Qualification (Acending order)-S.No. Qualification Subject Year of Name of State University **Passing** Note -Attach self-verified copy of qualification certificate. 8- Trainings on Organic Certification Programme (NPOP/NOP) -S.No. Name of Place Topics of training Duration CB/Institution

Note -Attach self-verified copy of proof of training attended.

9- Trainings on Forestry/Agriculture & Other related Programme-Name of Place S.No. Duration Topics of training Organization/Institution Note -Attach self-verified copy of proof of training attended. 10- Work Experience under Organic Certification Body (NPOP/NOP) and / or Forestry/Agriculture & Other related Govt./Semi Govt Departments -Name of CB/ Post Date of Period Job description Orgazation held Joining/Empanelment Note -Attach self verified/attested copy of joining letter/proof of work experience and other credentials. (Signature of Applicant) **DECLARATION** I (Name of Applicant)..... have read and understood all the terms and conditions for Agreement, which I agree completely. All the information provided in the application is true to the best of my knowledge and belief. If any information is found to be incorrect / false, in that case Chhattisgarh Certification Society India for Forestry & Agriculture (CGCERT) will be free to take action as per rules, for which I have no objection. Date -.... Place -.... (Signature of Applicant) Name.....