

कृषि विज्ञान केंद्र – फ़ेक

गाँव पोरबा, पोस्ट-ऑफिस, फुटसेरो, फ़ेक - 797107 नागालैंड
भाकअनुप - राष्ट्रीय मिथुन अनुसंधान केंद्र, मेडजिफेमा
(भाकअनुप - कृषि प्रौद्योगिकी अनुप्रयोग अनुसंधान संस्थान-जोन-VII, उमियाम)



Krishi Vigyan Kendra – Phek
Village Porba, P.O. Pfutsero, District Phek, Nagaland- 797107
ICAR - National Research Centre on Mithun, Medziphema

[ICAR-Agricultural Technology Application Research Institute-Zone-VII, Umiam]

Training Requirement Form

Applicant Details:

1. Full Name: _____

2. Father's/Husband's Name: _____

3. Gender: Male Female Others

4. Age: _____ years

5. Contact Number: _____

6. Email (if available): _____

7. Address:

8. Category (Tick the applicable option):

Farmer

Student/Researcher

Self-Help Group (SHG) Member

NGO Representative

Village Council Representative

FPC/FPO

Government Department Representative

Other (Please specify): _____

9. Name of Organization (if applicable): _____

10. Experience in Agriculture: _____ years

11. Main Crops Cultivated/Livestock Managed: _____

Training Requirement Details:

12. Type of Training Required (Tick Relevant Topics):

New Agriculture Technology/Agronomic Practices

Water Management /Irrigation Techniques

Integrated Pest and Disease Management

Organic Farming Practices/ Natural Farming

Livestock and Poultry Management

Value Addition and Processing of Farm Produce

- Farm Mechanization and Tools
- Soil Health management and Soil and Water Conservation
- Mushroom Cultivation
- Beekeeping and Honey Production
- Nursery Raising and Plantation Techniques, Protected Cultivation
- Other (Specify) _____

13. Preferred Mode of Training:

- | | |
|--|--|
| <input type="checkbox"/> On-Farm Demonstration | <input type="checkbox"/> Online Training |
| <input type="checkbox"/> Workshop/Seminar | <input type="checkbox"/> Exposure Visit |
| <input type="checkbox"/> Hands-on Training | <input type="checkbox"/> Other (Specify) _____ |

14. Preferred Training Duration:

- | | |
|---|--|
| <input type="checkbox"/> One day | <input type="checkbox"/> One week |
| <input type="checkbox"/> Two days | <input type="checkbox"/> Any Other _____ |
| <input type="checkbox"/> More than two days | |

15. Preferred Month for Training: _____

16. Number of Participants (if applying as a group): _____

17. Have You Attended Any KVK Training Before?

- Yes (Mention details)

- No

18. Additional Information or Specific Requirements

Declaration

I, the undersigned, declare that the information provided above is true to the best of my knowledge and that I am interested in receiving training from KVK Phek.

Signature: _____

Date: _____