## Format for Staff Information from Study Center 1. Name of the Center: 2. Address of the Center: )\_\_\_\_\_\_, Email: \_\_\_\_\_ Phone: ( Note: Attach One page biodata sheet of each staff (except Assistant & Peon). Date: **Designated Center** Name in Full **Educational** Sr. Specialization Exp. Staff/Program Qualification (Years) (A) Administrative Staff 01 Centre Head Name: Mob.No E-Mail : \_\_\_\_\_ 02 | Centre Co-ordinator Name: Mob.No \_\_\_\_\_ E-Mail : \_\_\_\_\_ 03 Center Accountant Name: Mob.No \_\_\_\_\_ E-Mail : \_\_\_\_ Name: \_\_\_\_\_ 04 | Center Assistant Mob.No E-Mail : \_\_\_\_\_ Center Peon Name: Mob.No E-Mail : \_\_\_\_\_ (B) Academic Staff Certificate In Name: Mob.No Gardening E-Mail : \_\_\_\_\_ 2 Foundation In 1. Name: Agricultural Sciences Mob.No E-Mail : \_\_\_\_\_ 2. Name: Mob.No E-Mail : \_\_\_\_\_ 3. Name: Mob.No \_\_\_\_ E-Mail : \_\_\_\_ 4. Name: \_\_\_\_\_ Mob.No E-Mail : \_\_\_\_\_

Sr. No.	Designated Center Staff/Program	Name in Full	Educational Qualification	Specialization	Exp. (Years)
3	Diploma in	Name:	-		
	Horticulture	Mob.No	-		
		E-Mail:	_		
4	Diploma in	Name:	_		
	Agribusiness	Mob.No	_		
	Management	E-Mail :			
5	Diploma in Agro-	Name:	_		
	Journalism	Mob.No	_		
		E-Mail :			
6	Diploma in Fruit	Name:	_		
	Production	Mob.No	_		
		E-Mail :			
7	Diploma in Vegetable	Name:			
	Production	Mob.No	_		
		E-Mail :			
8	Diploma in	Name:	_		
	Floriculture &	Mob.No	_		
	landscape Gardening	E-Mail:	_		
9	Environmental	Name:			
	Sciences	Mob.No	_		
		E-Mail:	_		
10	B.Sc.(Agri/Horti)	1. Name:			
		Mob.No	_		
		E-Mail:	_		
		2. Name:			
		Mob.No	_		
		E-Mail:			
		3. Name:			
		Mob.No			
		E-Mail :			
		4. Name:	_		
		Mob.No			
		E-Mail:	_		
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