





6. The expenditure on their TA, DA, honorarium etc. will be borne by CCS NIAM as per norms.
7. No course fee will be charged for NFDIP participants and boarding & lodging expenses will be met by CCS NIAM. Also TA, DA of the nominated participants for NFDIP will be borne by CCS NIAM as per their entitlement/GoI norms.

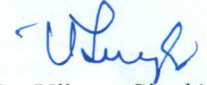
In view of the above, you are requested to nominate 1-2 officers/faculty members from your organizations for this programs. Nominations in the attached Performa may be sent to the address below.

Dr. Vikram Singh, Dean- PGDM (ABM),  
CCS National Institute of Agricultural Marketing,  
Banbala, Kota Road, Jaipur-302033, Rajasthan (India),  
[deanpgdabm.niam@gmail.com](mailto:deanpgdabm.niam@gmail.com),  
Mobile No.- 9848017184

Last date for receiving nominations: February 25, 2019.

Looking forward for an early response.

Yours Sincerely,



(Dr. Vikram Singh)

Vice-Chancellor I/C  
Navsari Agricultural University, Eru Char Rasta,  
Dandi Road Navsari-396450,  
Gujarat



**CH. CHARAN SINGH NATIONAL INSTITUTE OF  
AGRICULTURAL MARKETING**  
(An Organization of Ministry of Agriculture & Farmers  
Welfare, Government of India)  
Kota Road, Bambala, Pratap Nagar, Jaipur – 302033,  
Rajasthan  
Website: www.ccsniam.gov.in



**National Facilitators Development Program**

1. Dates and duration : March 04 – 13, 2019 (10 days).
2. Name (CAPITAL LETTERS) : \_\_\_\_\_
3. Designation : \_\_\_\_\_
4. Age (Yrs) : \_\_\_\_\_ Educational Qualifications \_\_\_\_\_
5. Gender (Male or Female) : \_\_\_\_\_
  - ❖ Category of Officer : Group A
  - ❖ Category of Officer : Group B
  - ❖ Category of Officer : Others  (NGOs, Farmer Sector etc.)
6. Total Service (Yrs) : \_\_\_\_\_
7. Sector (✓) :
 

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Horticulture	<input type="checkbox"/> Sericulture	<input type="checkbox"/> AH & Vet.
<input type="checkbox"/> Fisheries	<input type="checkbox"/> ICAR	<input type="checkbox"/> SAUs	<input type="checkbox"/> Marketing
<input type="checkbox"/> Rural Devt.	<input type="checkbox"/> NGOs	<input type="checkbox"/> SAMITIs/EEIs	<input type="checkbox"/> Others, specify
<input type="checkbox"/> FPO's	<input type="checkbox"/> Farmer	<input type="checkbox"/> APMCs	
8. Category:  Gen.  OBC  ST  SC  PH
9. Organization Name: \_\_\_\_\_
10. Organization Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 District : \_\_\_\_\_  
 State : \_\_\_\_\_
11. Telephone **Off.** : \_\_\_\_\_  
 Fax. : \_\_\_\_\_  
 Res. : \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Mobil : \_\_\_\_\_
12. Sponsor's Name & : \_\_\_\_\_  
 Address. : \_\_\_\_\_  
 \_\_\_\_\_  
 Phone & E-mail : \_\_\_\_\_

Signature of Nominated Officer:      Signature of the Sponsoring Officer: