

APPLICATION FOR AGRIPRENEURSHIP ORIENTATION PROGRAMME

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1. Applicant's Name : Mr./Ms./Dr. _____

2. Address for Correspondence:

_____ State: _____

3. Email : _____

4. Phone/Mobile (Mandatory): _____

5. DOB (dd/mm/yyyy): ____/____/____ Age (Years):

6. Gender (Please tick (✓) : M / F

7. Qualification :

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8. Work Experience if any; (in chronological order e.g. latest first):

Designation	Company /Firm / Department name	Duration of service

9. Status of Applicant/ Entity (Please tick (✓) the applicable option)

a. INDIVIDUAL: YES NO

b. Applicant representing a team / company : YES NO

i. If applicant representing a team / company then following details to be furnished;

Sl. No.	Name	Gender	Highest Qualification	Experience (Years)	Role in the proposed team

ii. Have you registered your company? (Please tick (✓) the applicable option)

YES

NO

If yes, declare the legal status of the entity you have formed? Pls. tick (✓) the applicable option

Limited Liability Partnership		Private Limited Company	
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iii. Name of Company/Firm: _____

iv. Address _____
_____ State: _____

vi. Establishment year: _____ Company website: _____

10. Concept note of the technology/business idea you propose to pursue (not more than 150 words)

11. Technology/Agri-business Innovation Description

a. State the innovative element of your business idea w.r.t. existing products/services/technologies in market today.

b. Describe the target market opportunities for your proposed innovation/business idea and estimated growth for your targeted market segment.

12. How much money did you invest in developing the plan (if any):

Rs.

If Yes; Source of Fund in proportion (in %)

Government Public Private Personal

13. How will you generate revenue out of your technology/Business idea?

14. How did you get to know about CHF RABI : Agripreneurship Orientation Programme?

(Please tick (✓) the applicable option)

CHF Website	<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Notice board of your organization	<input type="checkbox"/>
Your own institute website	<input type="checkbox"/>	WhatsApp	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>
Startup India Website	<input type="checkbox"/>	Email	<input type="checkbox"/>	Brochure	<input type="checkbox"/>
Any Other Website	<input type="checkbox"/>	Reference from a person	<input type="checkbox"/>	Print Media-Newspaper	<input type="checkbox"/>

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from the RKVY-RAFTAAR scheme.

Date:

Place:

(Signature and Name)