**ENTERPRISE DEVELOPMENT INSTITUTE**



(promoted by Bengal National Chamber of Commerce & Industry with

support from Govt. of W. B. & Govt. of India)

**IB-194, Sector-III, Salt Lake, Kolkata-700106**

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APPLICATION FORM

5-WEEK TRAINING IN EXPORT ORIENTED FLORICULTURE, HORTICULTURE & ALLIED BUSINESS

*Affix a stamp size photograph*

1. NAME (IN BLOCK LETTERS) :

2. FATHER / GUIRDIAN’S NAME :

3. PERMANENT ADDRESS :

Dist. PIN

4. CONTACT NO. & EMAIL ID : Ph : Mob :

Email :

5. DATE OF BIRTH :

6. CATEGORY ( put √mark only ) : Gen / OBC / SC / ST / MC / PHC

7. EDUCATIONAL QUALIFICATION :

8. PROFESSIONAL QUALIFICATION :

9. PRESENT OCCUPATION :

10. PURPOSE OF THE TRAINING :

10. PAYMENT DETAILS :

**Paid Rs by cash / draft / cheque No. dt.**

**drawn on**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Bank,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Branch in favour of “ENTERPRISE DEVELOPMENT INSTITUTE”**

Rs.

Date : ------------------------------------------------------

(Signature of the Participant)