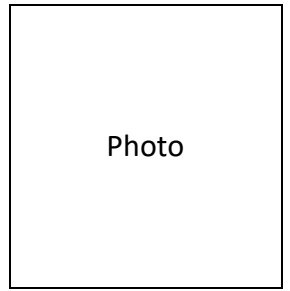


GOVERNMENT OF TELANGANA
DEPARTMENT OF HORTICULTURE



APPLICATION FORM FOR TRAINING ON URBAN HORTICULTURE CROPS & LANDSCAPE GARDENS
(15 Days Programme) (Skilled Work Training)

1) NAME :

2) FULL ADDRESS :

3) CONTACT NO. & EMAIL ADDRESS :

4) EDUCATION :

5) DATE OF BIRTH (not more than 25years)
Enclose the xerox copy :

5) PROOF OF RESIDENTIAL ADDRESS
Enclose the xerox copy :

6) WILLINGNESS TO TAKE TRAINING PROGRAMME :

7) PHYSICAL FITNESS CERTIFICATE (Enclose) :

8) CATEGORY OC / BC / SC / ST :

9) Whether you are residing in the area of HMDA or not? :

SIGNATURE

DATE:

IF ANY INQUIRIES PLEASE CONTACT - 7997724934 / 7396603136 / 7997724983 / 8125304636.

Website: horticulture.tg.nic.in.

Email: governmentgardens@gmail.com, ggn-horti@telangana.gov.in

URBAN FARMING DIVISION:

O/O DY.DIRECTOR OF HORTICULTURE,
GOVERNMENT GARDENS,
TELANGANA MICRO IRRIGATION PROJECT CAMPUS,
ADJACENT TO NAMPALLY CRIMINAL COURT,
RED HILLS, NAMPALLY, HYDERABAD.

OFFICE FULL ADDRESS:

O/o DEPUTY DIRECTOR OF HORTICULTURE,
GOVERNMENT GARDENS,
URBAN FARMING WING,
HORTICULTURE DEPARTMENT,
PUBLIC GARDENS, NAMPALLY, HYDERABAD – 500004.