

Application for the post of Business Manager/Assistant Business Manager
Agrinnovate India limited

1.	Post Applied for	
2.	Name in full (In BLOCK LETTERS)	
3.	Father /Husband s Name	
4.	Date of Birth	In figure _____ In Words _____ _____
5.	Mailing address (With Telephone No. / Mobile No / E-mail)	
6.	Permanent Address	

Educational Qualification from Class XII onwards in chronological order:

S. No	Exam Passed	Years Of passing	Board /university	Specialization	Percentage of marks /Grade obtained
I.					
II.					
III.					
IV.					

8. Additional Professional training related to the post:

9. Details of employment in chronological Order.

Sl. No.	Organization / Institute	Post held	From	To	Nature of duties

10. Details of awards, professional achievement, extra – curricular activities etc., if any

(Name of candidate & Signature)

Date

Place