

Biostadt's Employee:

MEMBERSHIP NO. (IF EXISTING MEMBER)

Grid for membership number



BIOSTADT FARMER CLUB (MEMBERSHIP APPLICATION FORM) BIOSTADT INDIA LIMITED 602 A, POONAM CHAMBERS DR. A. B. ROAD, WORLI, MUMBAI – 400 018 TEL: 91-022-66 520 520 FAX: 91-022-66 520 521

PLEASE PASTE ONE COLOURED OR BLACK & WHITE PHOTOGRAPH HERE AND ENCLOSE ANOTHER ALONG WITH THE FORM (PLEASE DO NOT STAPLE)

1. FULL NAME (CAPITAL LETTERS):

Name entry grid with labels (FIRST NAME), (MIDDLE NAME), (LAST NAME)

2. DATE OF BIRTH: (DT) (MT) (YR)

3. COMPLETE POSTAL ADDRESS:

Village, District, Phone (R), P.O., PIN, Fax, Taluka, STD CODE, e-mail, State, Phone (O)

4. EDUCATION BACKGROUND:

SSC, HSC, GRADUATE, AGRICULTURE GRADUATE, PG&Above

5. a) LANGUAGES KNOWN: A) ENGLISH: Speak, Read, Write B) Hindi: Speak, Read, Write C) ANY OTHER LANGUAGE (): Speak, Read, Write

6. a) TOTAL NO.OF FAMILY MEMBERS..... b) NO. OF CHILDREN (mention name, age and current education profile)

7. AGRICULTURAL LAND: <5 Acres, 5-10 Acres, 10-15 Acres, >15 Acres

8. WATER SOURCE: Rain-fed, Irrigation canal, Bore water, Any other

9. MAIN CROPS GROWN – Kharif season (Mention acreage in Box):

10. MAIN CROPS GROWN – Rabi season (Mention acreage in Box):

12. No. of Cattle owned

13. NEAREST AGRI -DEALER / DISTRIBUTOR'S SHOP – Name, Tel. No., Address

14. ANNUAL INCOME FROM: a) Agricultural sources Rs..... b) Non-Agricultural sources Rs.....

15. MEMBERSHIP (If any) : Co-op. Society, Gram Panchayat, Others, None

16. MAJOR AGRI-INPUTS (BIOSTADT/NON-BIOSTADT BRANDS) USED (Please list):

Table with 5 columns: Description, SL. NO., BRAND, TOTAL QUANTITY USED (Lt./ Kg), NO. OF YEARS USED. Rows for Plant Growth Promoters and Pesticides.

Above information is true to my knowledge. I understand that any false information can cancel my membership.

Date :

Place:.....

Signature:

For office use only

Application Number

Membership granted []

Membership not granted []

Application Number grid

Kindly send the Form to Mr. Nilesh Rawool, BFC Coordinator