**2. Application form for group of applicants**

**Part - I**

(To be filled in by the applicant)

1. Name of the training partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of candidates nominated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Sl. | Qualification(s) |  | No. of nominees |
| --- | --- | --- | --- |
|  | **ToT course code: NIRDPR-T/T-GPM-LB/01** [General Pest Management Technician (NIRDPR/SPM/QGPMT/2020), Vector Control Technician – Local Bodies (2020/AGR/NIRDPR/03874)] | Registration |  |
|  | **ToT course code: NIRDPR-T/S-GPM-LB/02** [General Pest Management Supervisor (NIRDPR/SPM/QGPMS/2020), Vector Control Supervisor – Local Bodies (2020/AGR/NIRDPR/03873)] | Registration |  |
|  | **ToT course code: NIRDPR-T/M-GPM/03** [General Pest Management Manager (2020/AGR/NIRDPR/03869)] | Registration |  |
|  | **ToT course code: NIRDPR-T/T-FUM/04** [Fumigation Technician (2020/AGR/NIRDPR/03868)] | Registration |  |
|  | **ToT course code: NIRDPR-T/S-FUM/05** [Fumigation Supervisor (2020/AGR/NIRDPR/03867)] | Registration |  |

1. Applicant details

| **Name** | **Email id** | **Mobile no.** | **Correspondence address** | **Preferred pronoun** (He/She/They/Other) |
| --- | --- | --- | --- | --- |
| ToT course code(s) | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
| On behalf of our organization I certify the following: | | | | |
| Applicable for General Pest Management Technician (NIRDPR/SPM/QGPMT/2020), Vector Control Technician – Local Bodies (2020/AGR/NIRDPR/03874), General Pest Management Supervisor (NIRDPR/SPM/QGPMS/2020), Vector Control Supervisor – Local Bodies (2020/AGR/NIRDPR/03873), General Pest Management Manager (2020/AGR/NIRDPR/03869) | | | | |
|  | Nominees have minimum educational qualifications as mandated in the Insecticides Act/ proposed Pesticide Management Bill | | | |
|  | Nominees are/were actively engaged in the business of General Pest Management | | | |
|  | The nominees have successfully completed training programs conducted by Central Food Technology Laboratory (CFTRI)/Indian Grain Management Research Institute (IGMRI)/National Institute of Plant Health Management (NIPHM) | | | |
|  | Nominees have 5 years of practical experience in carrying out Pest Management job | | | |
|  | Nominees have adequate knowledge on documentation and record maintenance | | | |
|  | ~~Nominees have valid ToT certificate on the applied qualification(s)~~ *~~(Applicable for renewal)~~* | | | |
| Applicable for Fumigation Technician (2020/AGR/NIRDPR/03868), Fumigation Supervisor (2020/AGR/NIRDPR/03867) | | | | |
|  | Nominees are accredited Fumigation Operator | | | |
|  | Nominees have successfully completed Australian Fumigation Accreditation Scheme (AFAS) training | | | |
|  | Nominees have 5 years practical experience in conducting Fumigation | | | |
|  | Nominees have adequate knowledge on documentation and record maintenance | | | |
|  | Nominees have valid ToT certificate\* on the applied qualification(s) *(Applicable for renewal)* | | | |

Signature of the applicant representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part – II**

(To be filled up by NIRDPR scrutinizer)

Application no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are the nominees qualified in all the eligibility criteria they applied for? Yes/No
2. Recommendation: Shortlisted for the ToT/Rejected
3. Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of scrutiny: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Signature of the scrutinizer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_