

Biostadt's Employee:

MEMBERSHIP NO. (IF EXISTING MEMBER)

BIOSTADT's FARMERS CLUB (MEMBERSHIP APPLICATION FORM)

BIOSTADT INDIA LIMITED
602 A, POONAM CHAMBERS
DR. A. B. ROAD, WORLI, MUMBAI - 400 018
TEL: 91-022-56 520 625 FAX: 91-022-56 520 521
E-mail: bfc.agro@biostadt.net

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):

Grid for entering full name in capital letters

(FIRST NAME)

(MIDDLE NAME)

(LAST NAME)

DATE OF BIRTH:

Grid for entering date of birth (DT, MT, YR)

COMPLETE POSTAL ADDRESS:

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

EDUCATION BACKGROUND:

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

LANGUAGES KNOWN: A, B, C, D

ENGLISH: Speak, Read, Write; ANY OTHER LANGUAGE: Speak, Read, Write

COMPUTER PROFICIENCY: e-mail, MS Office, Any other

TOTAL NO. OF FAMILY MEMBERS; NO. OF CHILDREN

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

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

MAIN CROPS GROWN Kharif season (Mention acreage in Box)

MAIN CROPS GROWN Rabi season (Mention acreage in Box)

No. of Cattle owned; Mention the breed(s) owned

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

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

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

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

Table with 5 columns: S.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

Membership granted

For office use only

Membership not granted

Application Number

Kindly send the Form to Mr. Yatin J. Mokal, BFC Coordinator

Grid for Application Number