

SCHOOL OF HYDROPONICS

Date:.....

CONSULTANCY FORM

PERSONAL DETAIL

Name:

.....

Address:.....

Tahsil /Block, Dist.

State., Pin

Contact Number: E-mail ID:

PROFESSIONAL DETAIL

Occupation.....

Education.....

Farming background.....

FARM DETAIL

Location:.....

Tahsil /Block, Dist.

State., Pin

Latitude..... Longitude..... Topography.....

Chak/Daag Sankhya:.....

Total area (Gross) in sqm:.....

Cropping history:.....

Nearby market:.....

Distance from market:

Mode of transportation to farm:

Source of water:, Annual rainfall:.....

Nearby River/lake/Dam (within 2 km radius):.....

Nearby Village/residential area..... Distance.....

Electricity Connection (Availability).....

Type of electricity connection:.....

High Voltage Line- Nearby Yes/No

No. of polyhouses:.....

Total area (Under protected) in sqm:.....

Targeted crops:.....

Targeted consumer.....

Targeted Budget:.....

Signature of applicant

-----X-----X-----X-----X-----

OFFICE USE

Selected plan (Consultancy/Advisory):

Consultancy Tenure:.....

Mode of payment:.....

Amount Paid:

Signature of Coordinator