



**DAIRY FARM MANAGEMENT REGISTRATION APPLICATION FORM**

Name: \_\_\_\_\_ S/O: \_\_\_\_\_

CNIC: \_\_\_\_\_ Domicile: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Training type: 

2 days	5 days
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 Qualification: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

Designation: \_\_\_\_\_ Experience in dairy farming: \_\_\_\_\_

No. of adult dairy animals: \_\_\_\_\_ Address: \_\_\_\_\_

Training date and title (select from training schedule): \_\_\_\_\_



Applicant Signature

**Note:**

**Postal Address:** Training & Research Demonstration Dairy Farm,  
University of Veterinary and Animal Sciences, Gate No-1, B- Block,Ravi Campus, Pattoki