

Channel Partner Application Form

Applied for Dist. :-

State :-

Name :-

Father's Name :- Date of Birth :- .../.../.....

Education :-

Address :-

Line 1 :-

Line 2 :-

District :- PIN :- State :-

Contact No. :- (1) (2)

E-Mail :-

Organization Details (If Applicable) :-

Name of Organization :-

Registration Year :- Organization Type :- Society ☐

Trust ☐ Company ☐ Private Form ☐ Partnership Form ☐ Other ☐

Experience :-

Place :-

Signature

**Note :- Please send this form to
NRDP**

**Baily Road, Hartali More
Dr. Jakir Husain Campus
Patna-1 (BIHAR)**