

Serial No:

**MINISTRY OF AGRO INDUSTRY, FOOD SECURITY, BLUE ECONOMY AND FISHERIES
ENTOMOLOGY DIVISION**

Reduit Tel: 4546390;4664983; Fax: 4666434

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APPLICATION FORM FOR BASIC TRAINING ON BEEKEEPING PRACTICES

(Two half day theory sessions and one half- day practical session)

(1) Surname of Applicant: Mr/Mrs/Ms:

(2) Other Name(s):

(3) Address:.....

.....

(4) Profession: (5) Age:

(6) Tel No: (7) Mobile No:

(8) Email Address:

(9) NIC Number: (to submit a copy)

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(10) Educational level (Please tick as appropriate):

Primary ☐

Secondary ☐

Tertiary ☐

Others, Please specify

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(11) Are you involved in Beekeeping activities? Yes/No

If yes:

No. of Hives.....

Year of experience:

Declaration:

I, hereby apply to follow the above-named basic training on beekeeping practices and agree to abide to the regulations of the course. I declare that the information given above is true.

Date: Signature: