

ANNUAL FARMERS TRAINING SCHEDULE

Name of the ICS: _____

Sr. No.	Month and Year	Topic
1.	May	
2.	June	
3.	July	
4.	August	
5.	September	
6.	October	
7.	November	
8.	December	
9.	January	
10.	February	
11.	March	
12.	April	

Date: _____

Place: _____

Signature with Seal
(ICS Manager)