APPLICATION FORM FOR ADMISSION TO UNDER-GRADUATE COURSES
UNDER THE FACULTY OF AGRICULTURE AND HORTICULTURE

Comments of the Admission Committee
Accepted/Rejected (if rejected reasons may be recorded)

Signature Date

(To be filled up by the candidate's own handwriting)

Academic Session – 20 – 20

1. CANDIDATES NAME (In block letters) (write state, not in cursive)


2. FATHER’S NAME (In block letters) (write state, not in cursive)


3. MOTHER’S NAME (In block letters) (write state, not in cursive)


4. NAME OF THE GUARDIAN (In block letter) (write state, not in cursive)


5. RELATIONSHIP WITH GUARDIAN:


6. DATE OF BIRTH (In Figure) – write below

7. BLOOD GROUP

8. NATIONALITY

9. PASSED H.S. UNDER WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION BOARD OR FROM OTHER BOARD

<table>
<thead>
<tr>
<th>Year of passing</th>
<th>General or Vocation Stream (Please √ mark the appropriate column)</th>
<th>From Other Board (Please √ mark the appropriate column)</th>
<th>Full Marks</th>
<th>Total marks obtained in Phy., Chem., Bio., Eng., and other maximum of two languages of which one must be English</th>
</tr>
</thead>
<tbody>
<tr>
<td>GEN.</td>
<td>VOC.</td>
<td>OB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. FOR THE STUDENTS UNDER WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION

GENERAL STREAM

<table>
<thead>
<tr>
<th>Bengali (1)</th>
<th>English (2)</th>
<th>Physics (3)</th>
<th>Chemistry (4)</th>
<th>Biology (5)</th>
<th>Total marks (3+4+5)</th>
</tr>
</thead>
</table>

VOCATIONAL STREAM

(any two of Ag.-Hort pract., Floriculture, Cultivation/ preservation & Processing of Fruits & Veg. Plant protection, Crop cultivation & Horticulture)

11. FOR THE STUDENTS UNDER BOARD/COUNCIL OTHER THAN WEST BENGAL COUNCIL OF HIGHER SECONDARY EDUCATION

<table>
<thead>
<tr>
<th>English</th>
<th>English/other languages</th>
<th>ELECTIVE SUBJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physics</td>
</tr>
</tbody>
</table>

I hereby certify that the information furnished by the candidate as above are correct as per the records submitted to me.

Signature of Attesting Officer

with office seal

Name of the Attesting Officer

Designation
12. Address for Correspondence (In capital letter) with Phone No.:

13. Permanent Address (in capital letter) with Phone No. & Name of the Police Station:

The following documents are to be enclosed WITH THE APPLICATION FORM:

a) Attested copy of Income certificate of Parent/Guardian issued by the employer in case of those who are under employment or the same issued by the competent authority in case of those who are under self-employment.

b) Attested copy of below poverty level certificate if any, issued by the Govt. of West Bengal in favour of parents.

c) Attested copy of Voter's Identity Card issued by the Election Commission in favour of the candidate or his parent.

d) Certificate from the Headmaster/Principal stating total subject wise marks obtained by the applicant in Higher Secondary Examination.

e) Attested copy of Medical certificate from proper authority for physically handicapped persons.

f) Attested copy of SC/ST certificate from proper authority.

g) Attested copies of sports proficiency certificates (at least inter district level) from proper authority.

h) Attested copies of Mark-sheets & Admit card of all examination passed.

NB: BOTH SIDE PHOTO COPIES OF THE ABOVE ENCLOSURES (EACH) MUST BE IN A-4 SIZE PAPER.

I do hereby affirm that the statement made and information furnished by me in the application are true and correct and that I shall abide by the rules and regulation of the Viswavidyalaya.

Date:

Counter Signature of
Father/Mother/Guardian

Signature of the Applicant.

ONLY FOR SPORTS QUOTA CANDIDATE

Sports Certificate

From………………………………………………………..(Name) ………………………………………………………. (Designation) ……………………………….

……………………………. (Institution/Association/Club) This is to certify that Sri………………………….Son of Sri ……………………………………

………………………..of (address) …………………………………………… Is an outstanding Athlete/Football/Cricket/Badminton/Volleyball/Table Tennis

player of ……………………………………………………… (school/club/college/University and that he represented the district of

……………………………..in the ………St/nd/th inter district …………..Sports & Games/ Football/Cricket/badminton/Volleyball/Table Tennis

tournament(s) organized by ……………………………………… (Association Tournament Committee) and held at

(place)………………………… in 200……../ He has played for our School/College/Club/University Team in ‘A’ division/Inter-University State level Tournaments of

league / knock-out games organized by IFA (shield / league). CAB/All Bengal Volleyball/Badminton Association/Federation or in Subrata Memorial Cup in

the year ………………………….. Certified also that he is a CAB/IFA state level Badminton /Volleyball Federations registered player.

Signature

Name …………………………………………

Secretary/President

……………………………………………………………………

District Sports Association……………………………….

Name of Club/Association

(Delete word(s) or sentences that are not valid for the candidate certified)