

**DR.PANJABRAO DESHMUKH KRISHI VIDYAPEETH,
DEPARTMENT OF AGRONOMY
P.O. KRISHINAGAR, AKOLA (M.S.) – 444 104**

Affix here
latest passport
size photograph

**CERTIFICATE COURSE ON ORGANIC AGRICULTURE
ADMISSION FORM – 2017**

1.	Name of the Candidate (In block letters)										
2.	Date of Birth (In words)										
3.	Date of Birth (In figures)	Days			Month			Years			
4.	Father's/Husband's Name										
5.	Marital Status										
6.	Nationality & Religion										
7.	Category and Caste SC/ST/VJ/NT/OBC/SBC/OPEN										
8.	Postal Address for Correspondence with Pin Code										
		PIN -									
9.	Contact Details: Mobile No. and E-mail ID	Mobil									
		e									
10.	Demand Draft No. Date & Amount (Name of Bank)										
11.	Do you belong to the Government /Private Service? (Yes/No) If yes, Enclose NOC of the employer.										
12.	Education Qualification (10 th Onwards)										
	Examination or Degree	Class or Division	% of marks or CGPA	Year of Passing	Subject/ Specialization	Name of Univ./ Board					
	S.S.C.										
	H.S.S.C.										

DECLARATION

I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I have read all the terms and conditions thoroughly and also clearly understand that my registration/admission is liable to be terminated without notice, any time during the course of period, if the foregoing information or any part thereof furnished by me is found to be wrong or suppressed.

Date :

Place :

(Signature of the Candidate)