

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

Affix
Latest passport
size photograph here

**CERTIFICATE COURSE ON ORGANIC AGRICULTURE
ADMISSION FORM – 2019**

1.	Name of the Candidate (In block letters, Surname First)											
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	Mobile										
		E-mail										
10.	Demand Draft No. Date & Amount (Name of Bank)											
Demand draft drawn through Nationalized bank in favour of "PD, COA and Head, Department of Agronomy, Dr. PDKV, Akola" for amount of Rs. 10000/- (Ten Thousand Rupees only)												
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 forgoing information or any part thereof furnished by me is found to be wrong or suppressed.

Date :

Place :

(Signature of the Candidate)