

Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu

(Annexure-A)

APPLICATION FORM FOR ADMISSION TO DIPLOMA IN AGRICULTURE / DIPLOMA IN HORTICULTURE

(Academic Session: 2023-24)

			Dated_				
Name Bank/Branch		UTRN No				Space for recent	
. Program	nme/Course in wh	nich admission	is sought :				passport siz
. Name in	full (in CAPITAL L	etters):					colour Photograph
. Father's	Name (in CAPITA	L Letters):					1 notograpi
. Date of							
	DD	Month	Year	Age as on	DD	Month	Year
DI				31-12-2023			
0. Home di	strict of Jammu P	rovince:					
1. Permane	ent address:						
Contact	No.						
				e-maii:			
2. Address	for corresponden	ce:					
Contact I	No			e-mail:			
	nal Qualification:						
o. Ludcatioi	iai Qualification:						
Year of	Examination/ [Degree B	oard /University	Subjects taken	Aggreg	ate marks	% of ma
Passing						ned/ out of	
						or OGPA	
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Sher-e-Kashmir University of Agricultural Sciences and Technology of Jammu

14. Nationality:	
15. Aadhar no:	시간 하는 경우 그들은 사람들이 그렇게 하는 것이 되었다.
16. Category, if any:	
17. List of enclosures:	
ii)	
iii)	
iv)	
v)	
vi)	
vii)	
DECLARATION I hereby affirm that the information given by in the best of my knowledge and belief and that I have	me in this application form is complete and true to
	e made this application with the consent of m
I hereby affirm that the information given by ithe best of my knowledge and belief and that I have parents/guardian. Dated:	me in this application form is complete and true to made this application with the consent of m Signature of Candidate
I hereby affirm that the information given by in the best of my knowledge and belief and that I have parents/guardian.	e made this application with the consent of m
I hereby affirm that the information given by ithe best of my knowledge and belief and that I have parents/guardian. Dated:	e made this application with the consent of m Signature of Candidate GER UT GOVT. EMPLOYEES
I hereby affirm that the information given by ithe best of my knowledge and belief and that I have parents/guardian. Dated: Place: TO BE FILLED BY THE EMPLOY (FOR INSERVICE UT GOVT. EMP	Signature of Candidate FER UT GOVT. EMPLOYEES PLOYEE CANDIDATES ONLY)
I hereby affirm that the information given by ithe best of my knowledge and belief and that I have parents/guardian. Dated: Place: TO BE FILLED BY THE EMPLOY	Signature of Candidate FER UT GOVT. EMPLOYEES PLOYEE CANDIDATES ONLY) S/o, D/o S/o, D/o

Signature of the Officer/Employer

