

S.No. _____

RAJASTHAN COLLEGE OF AGRICULTURE, UDAIPUR
MAHARANA PRATAP UNIVERSITY OF AGRICULTURE & TECHNOLOGY, UDAIPUR

Session 2021-2022

APPLICATION FORM FOR ADMISSION IN Ph.D.(CW)

Please write the order of preference against the subject as per your choice (I, II)

S.No.	Subject	Order of preference
1.	Ph.D. (CW) – MBBT	
2.	Ph.D. (CW) - Nematology	

PASSPORT SIZE
PHOTOGRAPH

Note : The application may be rejected if incomplete in any respect (to be filled by the candidate).

(To be filled in Block Letters)

1. **Name** (In English) _____

(In Hindi) _____

(Write exactly as in University or Board Record)

2. (a) **Permanent Address** _____

Post Office _____ District _____

Nearest Railway Station _____

(b) **Present Address** _____

Post Office _____ District _____

Nearest Railway Station _____

3. **Name of the Father** (In English) _____

(In Hindi) _____

Name of the Mother (In English) _____

(In Hindi) _____

Occupation _____ Address _____

Telephone No. If any _____ (Mob.) _____ Email: _____

4. **Name of the candidate's Local Guardian** _____

State relationship _____ Occupation _____

Telephone No. _____

5. **Date of Birth** _____ Place of Birth _____

6. **Nationality** _____ Place of Domicile _____

7. **Are you married ?** Yes/No. Date of marriage. If married_ (Cross out one)

8. Are you from Scheduled Caste /Schedule Tribe / OBC - Yes/No. _____
 (If yes, state the Caste or Tribe and complete the caste / tribe certificate mentioned below)

9. Whether applying under reservation quota _____
 (If yes, please attach necessary certificates and also mention the category here)

CASTE / TRIBE CERTIFICATE

(Form of certificate to be produced by a candidate belonging to Schedule Caste /Tribe in support of her claim.)

This is to certify that _____ daughter of Shri _____ State _____ belongs to under mentioned scheduled castes / scheduled Tribe list (Modifications) Order. 1966 read with Schedule Caste / Schedule Tribe Order (Amendment) Act, 1956, the Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956, the Constitution (Andaman and Nicobar) Scheduled Tribe Order, 1959, Shri _____ and / or his family ordinarily reside(s) in the village / town _____ of District / Division of the State / Union Territory of _____.

Place _____

Signature
 (1st Class Magistrate with seal)
 _____ State

Dated _____

STATE BELOW ALL PUBLIC EXAMINATIONS PASSED

S.No.	Examination	Roll No.	Board or University	Year of Passing	% of total marks
1.	10 th				
2.	12 th				
3.	B.Sc. (Ag.)				
4.	M.Sc. (Ag.) in ()				

1.	JET/Pre-PG Score				
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(Attested copies of the marks sheets certificates and JET/Pre-PG Score Card of the examination passed be enclosed).

(Attested copies of the marks sheets and certificates of the examination passed be enclosed).

Are you seeking admission to the hostel. Yes / No. _____.

CERTIFICATE OF PHYSICAL FITNESS

Certified that I have examined Miss /Mrs. _____ daughter / wife of Shri _____ and found that she is free from any disease (communicable or otherwise), constitutional weakness, or bodily infirmity which would debar her from admission in the _____ including debar in the Hostel and joining N.C.C /NS.S., Her age by appearance is _____ years. The following observations are recorded by me personally.

Height _____ Weight _____
Chest : Normal _____ Expanded _____
marks of identification _____

Date _____ Signature and seal of Medical Officer

MEDICAL COUNCIL REGISTRATION NUMBER _____

Note : The Medical Officer is required to examine the candidate carefully and to satisfy him self / her self that the applicant will be able to put in hard work and that she has no disease which would make her stay in the hostel a source of danger to others.

CERTIFICATE OF GOOD CHARACTER

Certified that Miss / Mrs. _____ daughter / wife of Shri _____ has been a student of this institution beginning from the session _____ till the end of the session _____. During this period nothing against her character has come to my knowledge .

Date Month Year

Signature with stamp of the Head of
the Institution last attended

CERTIFICATE OF DOMICILE

On the basis of the evidence produced it is certified that Miss /Mrs _____ daughter /wife of Shri _____ is a bonafied resident of _____ district of the State of _____.

Signature
(Ist Class Magistrate with seal)

DECLARATION

I declare that the information given above is correct. I promise that , if admitted. I shall conduct myself in a manner befitting a student and shall by the rules and regulations framed by the University.

Dated_____

Signature of the candidate

The above application is being submitted with my approval I undertake full responsibility for the conduct of my ward as well as for the regular payment of all dues as long as he/she remains a student at the college of RCA, Udaipur. He/She may not be permitted to withdraw from the college without a written request from me. In case he/she is granted exemption from living in the hostel he/she will stay with me or as per any arrangement made by me.

Signed in my presence
Signature of witness

Signature of the Guardian

Name and address of the witness_____

For official use only

ADMISSION COMMITTEE

S.No.	Name	Signature
1.	_____	_____
2.	_____	_____
3.	_____	_____

ADMISSIN RECOMMENDED /
NOT RECOMMENDED

ADMITTED /NOT ADMITTED

Dated_____

D E A N

Cost of application form **D.D. of Rs.1500/- in the name of Dean, RCA, Udaipur**