## **Application No.**

# Dr. Y.S.R.HORTICULTURAL UNIVERSITY

ADMN. OFFICE: VENKATARAMANNAGUDEM TADEPALLIGUDEM-534 101, WEST GODAVARI DISTRICT ANDHRA PRADESH

Photograph

Application for Admission into M.Sc Courses – 2024-25 For Andhra Pradesh and Telangana States (as per applicability)

Ma	jor Field of study to which admission is soug	nt	:
1.	Name of the P.G. Course	:	
2.	Full Name of the Applicant in Block Letters (as indicated in Provisional Degree Certificate of B.Sc.(Hort.) / B.Sc.(Hons.) (Horticulture)/B.Sc.(Hons.) Agriculture	:	
	Father's Name	:	
	Mother's Name	:	
	Guardian's Name and Relationship	:	
3.	Date of Birth (Age as on 1st July, 2024)	:	
4.	Place of Birth	:	
	Mandal	:	
	District	:	
5.	Nationality	:	
6.	Social Status (OC/BC/SC/ST) (Indicate Group & Caste) (Enclose attested xerox copy of certificate) If belongs to BC/ SC/ST)	:	
7.	Eligibility under EWS Quota (if Yes, enclose attested xerox copy)	:	Yes / No
8.	State if Differently abled (if yes, enclose attested xerox copy)	:	Yes / No
9.	Aadhaar Card No. (Enclose xerox copy of Aadhaar Card)	:	

10. (	(a)	Postal Address

Rank obtained in AIEEA

Total marks scored

ii)

	Permanent Address (in CAPITALS)		Present Mailing Address (in CAPITALS)		
-					
	(b)	Mobile No.	:		
	(c)	E-mail ID	:		
11.	Deta	ails of ICAR AIEEA (PG)-2024			
	a) D	epartment/Subject/Discipline appeared for	:		
	i)	Application No. of AIEEA	:		

### 12. Academic Qualifications (Enclose Attested Copies of Marks/Grade sheet/Certificates)

Examination	Name of the		Year of	Marks (%)
	Institution/College	Board/University	Passing	/ OGPA
S.S.C (10 <sup>th</sup> Class)				
Intermediate (10+2)				
B.Sc.(Hort.)/B.Sc.(Hons.) Hort./ B.Sc.(Hons.) Agriculture with 4 Years Durtaion				

Note: If the applicant does not study the aforesaid courses in whole or any part in seven consecutive years in any Educational Institution for reasons other than failure please furnish the Residential Certificate for that period in the prescribed form in the annexure.

13. **Particulars of Education in Andhra Pradesh** (For Determining Local Area – Attested Copies of Study Certificates from Head(s) of recognized institution(s) should be enclosed as proof).

Class	Academic Year	Name of the Institution & Address	District & State
VI			
VII			
VIII			
IX			
SSC			
Inter Junior			
Inter Senior			

- 14. Candidates who do not belong to categories mentioned in column No.12 & 13 above, should furnish the following information duly supported by relevant certificates.
  - a) Period of residence of the candidate in A.P. State excluding the period of study outside the State

OR

b) Period of residence of the parents of the candidate in A.P. State excluding the period of employment outside the A.P. State.

Note: For a & b categories minimum residential requirement is 10 years. Certificate from the Tahsildar/Mandal Revenue Officer clearly indicating the period of residence should be enclosed. Nativity certificate without period of residence shall not be considered.

#### **Declaration**

15. I promise to abide by the rules/regulations and the orders of the University, its authorities and officers. I do hereby declare that the information furnished in this application is true to the best of my knowledge and belief. I am aware that in the event of any information being found to be false or untrue or if I indulge in ragging / misbehave with other students/teachers /staff of the University, I shall be liable to such action by the University as it may deem proper apart from penal action under Law.

Date: . . . . . . . . . . . . .

I agree to the applicant's admission to M.Sc course in one of the colleges of	
Dr. V.C.D. Hawtigultural University. Labell be reasonable for Hig/Lar Conduct and	I agree to the applicant's admission to M.Sc course in one of the colleges of
Dr. Y.S.R. Horticultural University. I shall be responsible for his/her Conduct and	Dr.Y.S.R. Horticultural University. I shall be responsible for His/Her Conduct and
Behaviour during the period of College Career and also for the payment of all Fees and other Charges.	

Signature of the Candidate

Date: . . . . . . . . . Signature of the Father / Guardian

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# Summary Sheet of Application for Admission into P.G. Courses M.Sc Courses – 2024-25

## For Andhra Pradesh and Telangana States (as per applicability)

(To be filled in by the Applicant)

1.	Nam	e of the Course		:	
2.	Nam	e (in Block Letters)		:	
3.		ess for Communication apital Letters with PIN Code)	E-mail:	:	
4.	Mobi	le Number		:	
5.	Unive	ersity Area (AU/SVU/NL)		:	
6.		se Studied at B.Sc. level ears Duration)		:	B.Sc.(Hort.) / B.Sc.(Hons.)Horticulture (Please (√)whichever is applicable)
7.		al Status BC/SC/ST - indicate group/caste)		:	
8.	Eligibility under EWS Category (If yes, enclose certificate)			:	Yes / No
9.	Aadh	aar Card No.		:	
10.	State if differently abled			:	Yes / No (if Yes, Enclose Certificate)
11.	_	as on 1 <sup>st</sup> July, 2024 ose S.S.C. certificate)		:	
12.	State (1)	e (Yes/No) whether xerox copies of Provisional/Degree Certificate of B.Sc.(Hort.) / B.Sc.(Hons.)Horticul B.Sc.(Hons.) Agriculture		ng C :	Certificates have been enclosed Yes /No
	(2)	Marks Sheet/ Consolidated Marks Memo/ OGPA Sheet of eighth sem	nester		
		(a) B.Sc.(Hort.)/B.Sc.(Hons.)Hortic B.Sc.(Hons.) Agriculture	culture/	:	Yes / No
		(b) Intermediate Examination		:	Yes / No

Yes / No

(c) S.S.C. Examination

	(3)	Study Certificate (6 <sup>th</sup> class to Inter				:	Yes / No	
	(4)	Social Status C Competent Author		ed by	the	:	Yes / No	
	(5)	EWS Certification Competent Authority		by	the	:	Yes / No	
	(6)	Differently abled	Certificate			:	Yes / No	
	(7)	ICAR Rank Shee	et			:	Yes / No	
	(8)	Department appo	eared for			:		
13.	D.D	. Particulars				:		
		Name of the Ban	k & Branch		D.D	.No.	& Date:	Amount
				For (	Office	Use	Only	
		Remarks:						
Application Complete / Incomplete / Rejected.								
	ı	CHECKED BY:						
		Senior Asst.	Superintend	dent			Registrar Research)	T.O. to Dean of Horticulture