

**Dr.Y.S.R. HORTICULTURAL UNIVERSITY**

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

Photograph

**Application for Admission into Ph.D Programmes – 2024-25  
For Andhra Pradesh and Telangana States (as per applicability)**

**Major field of study to which admission is sought :**

1. Full Name of the Applicant in Block Letters (as indicated in Provisional Degree Certificate of Master's Programme) :
2. Father's Name :  
Mother's Name :  
Guardian's Name and Relationship :
3. Date of Birth (Age as on 1<sup>st</sup> July, 2024) :
4. Place of Birth :
5. Nationality :
6. Social Status (OC/BC/SC/ST) (indicate Group & Caste) (Enclose attested xerox copy) 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 :

Permanent Address (in CAPITALS)	Present (Mailing ) Address (in CAPITALS)

(b) Mobile No. :

(c) E-Mail ID:

11. **Details of ICAR-AICE JRF/SRF (Ph.D)-2024**

a) Department/Subject/Discipline appeared for :

i) Application No. of ICAR-AICE :

ii) Rank obtained in ICAR-AICE :

iii) Total marks scored :

12. If you are employed, furnish particulars of service in various organizations (application should be sent through the employer before the last date prescribed)

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
M.Sc. (Hort.)			
B.Sc.(Hort.)/ B.Sc.(Hons.) (Hort.)/ B.Sc.(Hons.) Agriculture (4 Years Duration)			
Inter Senior			
Inter Junior			
SSC			
IX			
VIII			
VII			
VI			

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 Annexure.

14. (a) **Academic Qualifications (Enclose Attested Copies of Certificates)**

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

(b) Thesis Title of Master Programme :

15. Candidates who do not belong to categories mentioned in column No.13 and 14 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**

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:** .....

**Signature of the Candidate**

I agree to the applicant's admission to Ph.D Programme in one of the colleges of Dr.YSR Horticultural University. I shall be responsible for his/her Conduct and behaviour during the period of his/her college career and also for the payment of all his/her fees and other charges.

**Date:** .....

**Signature of the Father / Guardian**

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## Summary Sheet of Application for Admission into Ph.D Programme-2024-25 (For Andhra Pradesh and Telangana States (as per applicability)) (To be filled in by the Applicant)

### Major field of study to which admission is sought:

1. Name (in Block Letters) :
2. Address for Communication (in Capital Letters with PIN Code) :
- E-mail :
3. Mobile Number :
4. University Area (AU/SVU/NL) :
5. (a) Major Field of Study at M.Sc. level :  
(b) Course studied at B.Sc. level (4 Years Duration) : **B.Sc.(Hort.) / B.Sc.(Hons.)Horticulture/  
B.Sc.(Hons.) Agriculture**  
(Please (√)whichever is applicable)
6. Social Status (OC/BC/SC/ST - indicate group/caste) :
7. Eligibility under EWS Category (If Yes, enclose certificate) : Yes / No
8. Aadhaar Card No. :
9. State if differently abled : Yes / No (if Yes, enclose certificate)
10. Age as on 1<sup>st</sup> July, 2024 :
11. OGPA/Marks obtained at (a) B.Sc.(Hort.) / B.Sc.(Hons.)Hort./B.Sc.(Hons.) Agri. : \_\_\_\_\_  
(b) Master's Programme: \_\_\_\_\_
12. Whether topper of the department (If yes, enclose certificate from concerned Registrar of the University) :

13. State (Yes/No) whether copies of the following certificates have been enclosed

- (1) Marks/Consolidated marks memo/OGPA sheets of
- (a) B.Sc.(Hort.)/B.Sc.(Hons.) Hort./ : Yes / No  
B.Sc.(Hons.) Agriculture with  
4 Years Duration
- (b) Master's Programme : Yes / No
- (2) Provisional / Degree certificate of
- (a) B.Sc.(Hort.) / B.Sc.(Hons.) Hort./ : Yes / No  
B.Sc.(Hons.) Agriculture with  
4 Years Duration
- (b) Master's Programme : Yes / No
- (3) Social Status certificate issued by the : Yes / No  
competent authority
- (4) EWS Certificate issued by the : Yes / No  
competent authority
- (5) Study Certificates : Yes / No  
(6<sup>th</sup> class to Intermediate)
- (6) Certificate showing the formula for : Yes / No  
conversion of OGPA into marks (in  
respect of candidates who passed from  
Universities other than APHU /  
ANGRAU / Dr.YSRHU)

14. D.D. Particulars :

<b>Name of the Bank &amp; Branch</b>	<b>D.D.No. &amp; Date:</b>	<b>Amount</b>
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**For Office Use Only**

Remarks:

Application Complete / Incomplete / Rejected.

**CHECKED BY:**

**Senior Asst.**

**Superintendent**

**Deputy Registrar  
(Acad.& Research)**

**T.O. to  
Dean of Horticulture**