

KERALA AGRICULTURAL UNIVERSITY
REGIONAL AGRICULTURAL RESEARCH STATION
(SOUTHERN ZONE)
COLLEGE OF AGRICULTURE,VELLAYANI

APPLICATION FORM FOR HORTICULTURE THERAPY PROGRAMME

*Affix a recently
taken
Passport size
photograph of
the
Applicant*

Name of applicant(BLOCK LETTERS):

Age & Date of birth :

Permanent address :

Address for communication :

Phone No :

Name of parent/Guardian :

Religion & Caste :

Category : SC/ST/OBC/GEN

Type of disability :
(Attach medical certificates)

**Distance from the place of residence
to the Institution & mode of conveyance:**

Educational Qualification :

Proof of identity attached
(Copy of SSLC Book/Passport/Voter's ID Card/Other) :

**I hereby declare that the details furnished above are true and correct to
the best of my knowledge and belief.**

Place:

Date: / /

*Signature/Thump impression of
Applicant*

FOR OFFICE USE ONLY