KERALA AGRICULTURAL UNIVERSITY

FINISHING SCHOOL PROGRAMME FOR VHSE AGRICULTURE CERTIFICATE HOLDERS APPLICATION FORM

1.	Name of the Applicant (in block letters) :				
2.	Subject Selected for VHSE (Tick the relevant one)				
	A) NMOG	B) F & V	C) F	Plant Protection	
3.	Marks obtained in VHSE Examination : (along with copy of certificate)				
4.	. Address for Communication :				
5.	Phone No:	Mob No:	E-mail i	d:	
6.	Sex: Male / Female				
7.	Date of Birth: Age:				
8.	Name of Parent/Guardian :				
9. Occupation :					
10. Category (Put tick mark) : GEN /OBC /SC /ST / OEC					
I declare that the particulars furnished above are true to the best of my knowledge.					
Signature of the Parent / Guardian			Signatu	Signature of the Applicant	
Place:					
Date:					
Forwarded					
(School Seal)			Signature of	Signature of Principal (with date)	