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)	Plant Protection
3.	Marks obtained in VHSE Examination (along with copy of certificate)		:		
4.	Address for Communication		:		
5.	Phone No: Mob N	lo:		E-mail	id:
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			Sign	ature of the Applicant
	Place:				
	Date:				

Forwarded

(School Seal) Signature of Principal (with date)