

**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**