**SRI KONDA LAXMAN TELANGANA STATE HORTICULTURAL UNIVERSITY**

**MULUGU (V&M): SIDDIPET DIST – 502 279**

**SUMMARY SHEET OF APPLICATION FOR ADMISSION TO M.SC. (HORT.) COURSES 2020-21**

(To be filled in by the applicant)

1. Name of the Course :

2. Name of the Candidate (in block letters) :

(as indicated in S.S.C.)

3. Address for Communication

(in capital letters with Pin code) :

4. Mother’s Name (in block letters) :

5. Father’s Name (in block letters) :

6. Date of Birth : Age (as on 01.07.2020) Enclose S.S.C.Certificate

a. Place of Birth : Mandal / Dist. / City / Town:

7. Social Status :

(if SC/ST/BC, indicate caste & group)

(Enclose Attested certificate)

8. Specify Mandal and District :

9. Prizes / Medals etc won

(Enclose Attested certificate) :

10. State if physically disabled(Enclose certificate issued by competent authority)

11. Marks/ OGPA secured at B.Sc. (Hort.)/B.Sc. (Hons.) Horticulture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of qualifying examination:

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

(1) Marks sheet/Consolidated marks memo/

OGPA sheets of

1. B.Sc.( Hort.)/B.Sc.( Hons ) Horticulture : Yes/ No
2. Intermediate examination : Yes/ No
3. S.S.C examination : Yes/ No

(2) Provisional /degree certificate of : Yes/ No

B.Sc. (Hort.) /B.Sc. (Hons.) Horticulture

(3) e- Admit card of AIEEA (PG)-2020 : Yes/ No

(4) Mark sheet of AIEEA (PG)-2020 : Yes/ No

(5) Certificates any NCC /NSS /Sports / Games etc / Literary : Yes/ No

Cultural

(6) Study Certificate (4th class to Intermediate) : Yes/ No

(7) Residential Certificate. : Yes/ No

(8) Aadhaar card or 28 digit Aadhaar enrolment ID proof

or passport or Ration card or Bank Passbook

or any other valid Govt.Identity proof. : Yes/ No

(9) Conduct certificate from Head of the institute

from the last attended. : Yes/ No

(10) Social Status certificate issued by the : Yes / No

competent authority

(11) Certificate showing the formula for : Yes/ No

conversion of OGPA into marks (in respect of

candidates who passed from Universities other

than APHU /ANGRAU/SKLTSHU/ PJTSAU

(12) Physically disabled Certificate (if any) : Yes / No

(13) Any other : Yes/No

13. **DD Particulars**  :

|  |  |  |
| --- | --- | --- |
| **Name of the Bank & Branch** | **D.D.No. & Date:** | **Amount** |
|  |  |  |

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**For Office Use Only**

1. Application is accepted
2. Application is incomplete – Rejected
3. Hall Ticket may be issued

CHECKED BY: Name: Designation:

Remarks: Signature:

**SRI KONDA LAXMAN TELANGANA STATE HORTICULTURAL UNIVERSITY**

**MULUGU (V&M): SIDDIPET DIST – 502 279**

|  |
| --- |
| Affix latest Passport  Size Photo with Gazetted officer attestation  with attestation |

**Application for admission to M.Sc. (Horticulture) courses 2020-21**

**1.** Full Name of the Applicant in Block Letters :

(as indicated in S.S.C.)

2. Mother’s Name :

Father’s Name :

3. Guardian’s Name & relationship :

4. Date of birth, and Age as on 1st July 2020 : . :

(certificate to be enclosed)

5. Place of birth: Mandal: District: State:

6 Nationality : Religion:

7. Social Status (certificate to be enclosed) : OC / BC / SC / ST

(Indicate group & caste)

8. State if physically disabled (enclose certificate issued by competent authority)) :

9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address (in Capital) Present (Mailing) Postal address : (in Capital)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob. No. PIN CODE Mob. No. PIN CODE

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Mobile / Phone No. with STD code:

E-Mail :

11. If employed, furnish particulars of service in various organizations (Application should be sent through employer before the last date prescribed). :

**12. Particulars of Education (enclose attested copies of Certificates)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Class** | **Academic year** | **Name of the Institution and Address** | **District & State** | **Year of Passing** | **Marks (%) / OGPA** |
| IV |  |  |  |  |  |
| V |  |  |  |  |  |
| VI |  |  |  |  |  |
| VII |  |  |  |  |  |
| VIII |  |  |  |  |  |
| IX |  |  |  |  |  |
| X |  |  |  |  |  |
| Inter Junior |  |  |  |  |  |
| Inter Senior |  |  |  |  |  |
| B.Sc.(Hort.)/ B.Sc. ( Hons.) Horticulture |  |  |  |  |  |

Note:If in the seven consecutive academic years mentioned above, studies for the whole or any part of the seven consecutive years in any educational institution for reasons other than failure please furnish the **Residential Certificate** for that period in the prescribed form.

13. Details of Academic prizes/ Medals won / Any other (enclose attested copies of Certificates )

**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 applicants’ admission to the M.Sc. (Hort.) Course in one of the Colleges of SKLTS Horticultural University. I shall be responsible for his /her conduct and good behavior during the period of his/her study and also for the payment of all his/her fees and other charges.

**Date:……………… Signature of the Father / Guardian**

ANNEXURE

**RESIDENCE CERTIFICATE**

(This certificate should be furnished by only such candidates who have not studied in any recognized institution during the whole or any part of seven consecutive academic years immediately preceding the qualifying examination. As per presidential order period of study in a state-wide University shall not be considered. Those who have studied Bachelor Degree course B.Sc.(Hort.) / B.Sc. (Hons.) Horticulture in SKLTSHU ( State-wide University) or (S.A.U should furnish information pertaining to places of residence before joining SKLTSH University S.A.U i.e. up to Intermediate Level.)

**ADMISSION FOR ………………………………… COURSE**

1. It is hereby certified

(a) that ……………………………………………………….. Son/Daughter of……………… …………………………………………… a candidate for admission to the …………. Course appeared for the first time for the ……………………………………………..examination (being the minimum qualifying examination for admission to the course mentioned above) in……………………………….. (month) ………………(year)……………….

(b) that he/she has not studied in any educational institution during the whole/a part of the seven consecutive academic years ending with the academic year in which he / she first appeared for the aforesaid examination.

(c) that in the seven years immediately preceding the commencement of the aforesaid examination he/she has resided in the following place/places falling within the local area in respect of the ………………………………………… University, namely.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Village | Mandal | District | State | Period |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |

2. The above candidate is therefore, a local candidate in relation to the local area specified in paragraph 3(1) / 3(2) / 3(3) of the Andhra Pradesh Educational Institutions (Regulation of Admissions) Order, 1974.

OFFICE SEAL Officer of Revenue Department

not below the rank of Mandal Revenue Officer

of the area concerned.