Application No:

**SRI KONDA LAXMAN TELANGANA STATE HORTICULTURAL UNIVERSITY**

**MULUGU, SIDDIPET-502279**

APPLICATION FORM FOR ADMISSION IN CERTIFICATE TRAINING PROGRAMME ON

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Affix recent passport size (colour) photograph

01. Name of the applicant (IN BLOCK LETTERS):------------------

02. Name of the parent/ Guardian/ Husband: --------------------

03. Address for communication :--------------------

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin code:

Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

04. Date of birth: Day Month Year Age

08. Employment status: Govt. Private NGO Self employed Others

If employed, a. Designation: --------------------------------------------

9. Educational Qualification:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No | Educational Qualification | Name of the Institute | Year of passing | Main subjects | % of marks & CGPA |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

13. Candidates declaration:

I hereby declare that the information stated in the application form is true, completed and correct to the best of my knowledge. I hereby abide by the rules and regulations of the SKLTSHU on the event of my admission.

**Signature of the applicant**

**Place:**

**Date**:

Signature of the sponsoring authority