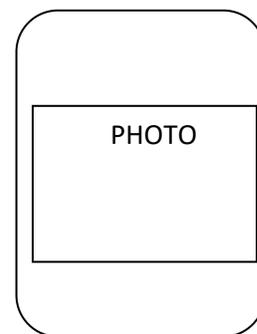


KERALA AGRICULTURAL UNIVERSITY

REGIONAL AGRICULTURAL RESEARCH STATION

(SOUTHERN ZONE)

COLLEGE OF AGRICULTURE, VELLAYANI



APPLICATION FORM FOR HORTICULTURAL THERAPY PROGRAMME

Name 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/Voters 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