



**LINGAYA'S
VIDYAPEETH**
choose to know
(deemed to be university)

LINGAYA'S VIDYAPEETH

(Approved by MHRD/ AUCTE / PCI / BCI / COA / NCTE,
Govt. of India u/s 3 of UGC Act 1956)
Nachauli - Jasana Road, Faridabad

Diploma in Agriculture Science APPLICATION FORM

Affix
passport size
photograph

S.No. (For office use only): _____

(Please fill the form in capital letter in your own handwriting carefully)

Name in capital letters			
Father's / Guardian's Name			
Mother's Name			
Aadhar No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Category	General / OBC/ SC / ST
Mobile No.:	+91- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	+91- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
E- mail ID			Tel. No. with STD Code <input type="text"/>
Postal Address for Correspondence:			

Educational Qualifications:

S.No.	Examination	Year of Passing	School/College	University/Board
1	SSC/10th			
2	Intermediate/12th			
3	Bachelor Degree			
4	Master Degree			

Acknowledgment

Name of the Student:..... Father's Name:.....

Course:..... Application form received date:

Cheque/DD No _____ Date _____ Bank _____ Branch _____

NEFT/RTGS ref No _____ Date _____ Bank _____ UTR No. _____

Name of Admission Representative:

Authorised Signature

(TO BE FILLED IF APPLICABLE)

Are you an input dealer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, Name and details of the sponsoring firm		
Address with Telephone Nos. of Input dealers or sponsoring firm		
License No.		

FEE DETAILS: TOTAL FEE PAID BALANCE DUE

DETAILS OF FEE PAYMENT

SL. NO.	TRANSACTION DATE	NAME OF THE BANK	NEFT/RTGS/UTR NUMBER	AMOUNT (in Rs.)
1.				
2.				
3.				

PAYMENT ACCEPTED ONLY ON ONLINE MODE

ENCLOSURES :

10th certificate : Yes/No _____

10+2/Degree certificate : Yes/No _____

Aadhar: Yes/No _____

Any other (specify) : _____

NOTE : All documents submitted should be self attested by the candidate.

DECLARATION

I hereby certify that all the information furnished above by me is correct to the best of my knowledge and belief. I understand and accept that furnishing of any false information on my part will automatically lead to disqualification of my candidature/enrolment and forfeiture of all payments made by me towards Diploma in Agriculture. I agree to abide by the code of conduct and rules as may be framed from time to time by authorities for smooth conduct of the program. I undertake that fee once paid is non refundable in any case.

Date: _____

Signature: _____

Place: _____

Name: _____

Name of Admission Representative: _____

Signature: _____

NOTES:

1. FEE MUST BE PAID BEFORE THE START OF EACH SEMESTER.
2. PAYMENT VIA CHEQUE IS SUBJECT TO REALISATION.
3. FEE ONCE PAID WILL NOT BE REFUNDABLE IN ANY CASE.
4. CANDIDATE MUST CARRY I-CARD IN THE UNIVERSITY CAMPUS.
5. CANDIDATES MUST ABIDE BY THE RULES AND REGULATIONS OF THE UNIVERSITY.