

**Application Form for Fellowship for the Post-graduate
Faculty:**

1.	Degree Programme	1.	M.Sc. (Agri.):
		2.	Ph.D.:
2.	Subject		
3.	Name of Student		
4.	University Registration No.		
5.	Year of Admission		
6.	Sex		
7.	Date of Birth		
8.	Major Subject		
9.	Name of graduation institution		
10.	Percentage in graduation for Master Degree student (Enclose Xerox copy of Marksheet)		
11.	Percentage in Master Degree for Doctorate Degree student (Enclose Xerox copy of Marksheet)		
12.	Residential Permanent Address with Telephone Number		

I undertake that I am not in receipt of I any other Financial assistance from any other institute/organization/Trust etc.

Signature of Student

This is certified that the information given by _____ is verified and found correct.

PRINCIPAL