

APPLICATION FORMS

APPLICATION FORM FOR NATIONAL STUDENTS

APPLICATION CUM-REGISTRATION FORM FOR ADMISSION TO PGD-TMA PROGRAMME 2015

Last date for receipt of filled in application: **January 15, 2015**

Application No: D.D.No:
& Date

Paste here one recent stamp size Photograph duly attested by the Head of the institute/ College last attended or by a Gazetted Officer

Read the Prospectus and Instructions carefully before filling up the Application form. Incomplete applications will not be considered.

Category: GEN / OBC / SC / ST / PH

1. Name of the Student (Same as in SSC/Matriculation certificate) in Capital Letters
Mr./Ms./Mrs. _____

2. (a) Father's Name _____
(b) Mother's Name _____

3. (a) Permanent Address: _____

PIN _____
Phone/Mobile No. _____
e-mail: _____

3(b) Address for Correspondence

PIN _____
Phone/Mobile No. _____

4. (a) Date of Birth _____
Date Month Year
(b) Identification Marks 1) _____ 2) _____
(c) Nationality _____
If Indian, State of Domicile: _____
(d) Rural / Urban
(e) Sex: Male / Female

5. Annual Income of the family: (if SC/ST/PH) _____
Specimen Signature of the Student (Sign within the box)

Pin Stamp
Size
Photograph
for identity
Card

6. a) Particulars of past academic record (from Bachelor's degree onwards) [Attach a separate sheet, if the space provided below is not adequate]

S. No.	Name of the Degree	Univer-sity / College	Month & Year of Passing	Subjects studied & Passed	Maxi-mum Marks	Marks obt-ained	Percen-t-age	Divi-sion
1.								
2.								
3.								
4.								

b) Previous and Professional Experience **after completion of graduate degree**
(each entry here to be supported with service certificate)

S. No.	Designation and Nature of job done	Organization / Institution with Total No. of years worked	From (month & year)	To (month & year)

DECLARATION BY THE APPLICANT

I, hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

FOR SPONSORED CANDIDATES

Application of Mr./Ms./Dr. _____ is forwarded for consideration. The full fee for the programme will be deposited on his / her admission.

Authorised Signatory of Sponsoring Organization

Name : _____

Designation: _____

Place: Organisation : _____

Date: Address : _____

Seal: _____

Note: Application form can be downloaded from www.naarm.ernet.in and sent by post to the Joint Director (Admn.) & Registrar, National Academy of Agricultural Research Management, Rajendranagar, Hyderabad-500030, India along with a DD for Rs.300/- drawn in favour of "ICAR Unit – NAARM A/c" payable at Hyderabad.

APPLICATION FORM FOR INTERNATIONAL STUDENTS

APPLICATION CUM-REGISTRATION FORM FOR ADMISSION TO PGD-TMA PROGRAMME 2015

Last date for receipt of filled in application : **January 15, 2015**
Application No. : -----

Read the Prospectus and Instructions carefully before filling up the application form. Incomplete applications will not be considered.

1. Name of the Student in Capital Letters

Mr./Ms. _____

2. (a) Father's Name _____

(b) Mother's Name _____

3. (a) Permanent Address _____ 3 (b) Address for Correspondence _____

PIN _____ PIN _____

E-mail: _____

4. (a) Date of Birth _____
Month Day Year

(b) Identification Marks 1) _____ 2) _____

(c) Nationality _____

(d) Sex: Male / Female

Specimen Signature of the Student (Sign within the box)

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5. a) Particulars of past academic record (from Bachelor's degree onwards) [Attach a separate sheet, if the space provided below is not adequate]

S. No.	Name of the Degree	University / College	Month & Year of Passing	Subjects studied & Passed	Maximum Marks	Marks obtained	Percentage	Division
1.								
2.								
3.								
4.								

b) Previous and Professional Experience **after completion of graduate degree** (each entry here to be supported with service certificate)

S. No.	Designation and Nature of job done	Organization / Institution with Total No. of years worked	From (month & year)	To (month & year)

DECLARATION BY THE APPLICANT

I, hereby declare that the information furnished by me in this application and in the documents I have submitted in support of my application is true, complete and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

FOR SPONSORED CANDIDATES

Application of Mr./Ms./Dr. _____ is forwarded for consideration. The full fee for the programme will be deposited on his / her admission.

Authorized Signatory of Sponsoring Organization

Name : _____

Designation: _____

Place:

Organization : _____

Date:

Address : _____

Seal:

Note: Application form can be downloaded from www.naarm.ernet.in and sent by post to the Joint Director (Admn.) & Registrar, National Academy of Agricultural Research Management, Rajendranagar, Hyderabad-500030, India along with the course fee in the form of **DD for US\$1200** drawn in favour of "ICAR Unit – NAARM A/c" payable at Hyderabad.

**PRESCRIBED ACCEPTANCE FORM TO BE EXECUTED BY STUDENT
AT THE TIME OF ADMISSION**

To,
Joint Director (A) & Registrar,
National Academy of Agricultural Research Management,
Rajendranagar,
Hyderabad – 500 030
India

**ACCEPTANCE FORM
Post Graduate Diploma in Technology Management in Agriculture
(PGD-TMA) Programme 2015 (Distance Education Mode)**

Sir,

I accept the offer of admission to the PGD-TMA Programme 2015 offered jointly by the National Academy of Agricultural Research Management and University of Hyderabad. I am herewith enclosing a crossed Demand Draft in favour of “ICAR Unit - NAARM A/c” payable at Hyderabad towards the first installment / lump sum (non-refundable), as per the details given below.

1. Name of the student (in Block Letters):
2. Demand Draft No. and Date:.....
in favour of “ICAR Unit - NAARM A/c”
3. Name of the Bank / Place:.....
4. Issuing Branch Code:.....
5. Amount (Rs.)

I promise to abide by the Rules and Regulations of NAARM and UoH. The jurisdiction of the University shall be at Hyderabad only and that the Contact Classes will be held at NAARM or the CDVL, UoH.

Place:.....

Date:.....

Signature of the student

For Office Use

Details of the Course fee	:	_____
First Installment / Lump sum	:	_____
Demand Draft No. & Date	:	_____
Name of the Bank / Place	:	_____
Amount (Rs.)	:	_____

**In-Charge, PG Cell
NAARM, Hyderabad, India**