



KERALA AGRICULTURAL UNIVERSITY

Main Campus, KAU P.O., Thrissur, Kerala - 680 656

APPLICATION FOR ADMISSION TO MASTERS DEGREE PROGRAMME FOR THE YEAR 2009 - '10

Affix candidate's
passport size
photograph
with candidate's
signature on the
photograph

No. _____

1.	Name of candidate in full (as recorded in the SSLC) (a) In English (block letters) (b) In mother tongue	
2.	Gender	Male / Female
3.	Date of birth (in Christian era)	
4.	Place of birth	
	Village/ Taluk	
	District	
	State/ Country	
5.	Nationality	
6.	Mother tongue	
7.	Religion with sub-sect	
8.	Caste	
9.	Whether belonging to Scheduled Caste / Scheduled Tribe of Kerala origin (If YES, Community Certificate should be attached)	Yes / No
10.	Whether physically disabled	Yes / No
<i>Note: If physically disabled, certificate to prove disability as per "The persons with disabilities (Equal opportunities, protection of rights and full participation) Act 1995" should be produced.</i>		
11.	Name of father	
12.	Name of mother	
13.	Permanent address in full (with PIN code)	
14.	Address for communication (with PIN code)	
	Telephone number, if any (with STD code)	
	E-mail address, if any	

15.	If one of the parents is not the guardian, name and address of the guardian with relationship				
16.	Preference of course/faculty applied for	Faculty		Course / Stream	
17.	Educational qualifications				
	Name of degree	University	Year of passing	Total aggregate marks/OGPA secured out of max. of _____	Remarks if any
<i>Note: Self-attested true copies of mark list (Transcripts) in respect of each year of study and the degree certificate should be attached separately</i>					
18.	Sports activities, if any, whether represented (Attested copies of relevant certificates should be appended)				
19.	Whether employed or not		Yes / No		
20.	If employed, furnish details				
	Post held				
	Designation				
	Institution				
	Period of service in Govt./University and teaching, research, professional experience, if any (attach attested copies of certificates)		----- years ----- months		
21.	Details of application fee paid (DD to be attached)		DD No.		
			Date	Amount	

DECLARATION BY THE CANDIDATE

I, _____ declare that the details furnished in this application are true to the best of my knowledge and belief.

Place:
Date:

Signature of the applicant



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ADMIT CARD TO THE ENTRANCE EXAMINATION FOR MASTERS DEGREE PROGRAMME FOR THE YEAR 2009 - '10

(To be filled up by the candidate in block letters and sent along with the application)

No.

Name of the candidate

Signature of the candidate

Space for affixing
candidate's passport
size photograph

The candidate should
affix his/her signature
on the photograph

Name of Attesting Officer:

Designation:

(Seal)

Subjects applied

Faculty	Subject

Name:

Full Address: