



**UTTAR BANGA KRISHI VISWAVIDYALAYA**  
**P.O. PUNDIBARI DIST.- COOCH BEHAR**  
**WEST BENGAL-736165**

Attested copy of recent  
 passport size photograph  
 to be pasted here

(One copy separately to  
 submit with signature at  
 the backside of it)

**Application Form for Admission to Doctoral Degree Programme for the year 20.....**

(To be filled in by the candidate's own handwriting)

**To**  
**The Registrar,**  
**Uttar Banga Krishi Viswavidyalaya,**  
**P.O. Pundibari, Dist-Cooch Behar, PIN-736165**

Dear Sir,

I beg to apply for admission to 1<sup>st</sup> year Doctoral Degree Programme in the Department of \_\_\_\_\_  
 for the session 20..... The particulars furnished by me are correct. I agree to abide by the rules and regulations of the  
 Viswavidyalaya.

Yours faithfully,

*Signature of the Candidate (in full)*

1.	Name of Candidate (in block letters)	:			
2.	Name of Father (in block letters)	:			
3.	Name of Mother (in block letters)	:			
4.	Name of Guardian (in block letters)	:			
5.	a) Relationship with Guardian	:			
	b) Occupation of Guardian	:			
6.	Nationality	:			
7.	Date of Birth	:	Day: <input type="text"/>	Month: <input type="text"/>	Year: <input type="text"/>
8.	Age (on 1st. June .....)	:	Year: <input type="text"/>	Month: <input type="text"/>	Day: <input type="text"/>
9.	Category (General/SC/ST/OBC/PH)	:			

10. Address for Correspondence :

11. Permanent Address :

Police Station : Telephone No.	Police Station : Telephone No.
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**12. Academic Qualification**

Examination Passed	Name of the Board/ Council/ University	Year of passing	Full marks	Pass marks	Marks obtained	Percentage of marks	Division/ Class
Madhyamik or equiv. Exam.							
H.S. or equiv. Exam.							
B.Sc. (Ag./Hort.) Hons.							
M.Sc. (Ag./Hort.)							

13.	a) Last qualifying Examination passed	
	b) Specialization:	

I, hereby declare that the information furnished above are true to the best of my knowledge. If any information is/are found to be incorrect at any point of time during my study the candidature/studentship shall liable to be cancelled.

Place :

Date :

*Signature of the Candidate (in full)*

**For Office Use Only**

Received Rs. 300.00/75.00 by Cash or by Bank Draft   Signature of Receiving Assistant	Accepted / Rejected (Reason for rejection)  Remarks: .....  Signature of the Head of the Department	Admitted / Not Admitted (Reason for non admission)  Remarks: .....  Signature of the convenor, Admission Committee with date
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