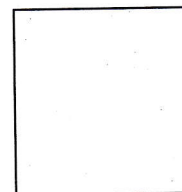


KERALA AGRICULTURAL UNIVERSITY
REGIONAL AGRICULTURAL RESEARCH STATION
(SOUTHERN ZONE)
COLLEGE OF AGRICULTURE, VELLAYANI



APPLICATION FORM FOR HORTICULTURAL THERAPY PROGRAMME

Name of applicant (BLOCK LETTERS) :
Age and date of birth :
Permanent address :

Address for communication :

Phone No. :
Name of Parent/ Guardian :
Religion & Caste :
Category :
Type of disability :
(Attach Medical Certificates)

Distance from the place of residence
To the Institution & Mode of conveyance :

Educational Qualification :
Proof of identity attached :
(Copy of SSLC Book/ Passport/ Voters ID card/ Other)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

Place :

Date :

Signature/ Thumb impression of Applicant

FOR OFFICE USE ONLY