



Agriculture University, Kota
Borkheda, Kota -324 001(Rajasthan)

APPLICATION FORM for admission on the ICAR quota vacant seats for session 2026-27					Photo	
Application for Admission	College	Programme / Subject				
	College of Horticulture and Forestry, Jhalawar	B.Sc. (Hons.) Horticulture B.Sc. (Hons.) Forestry M.Sc. (Horticulture) Vegetable Science M.Sc. (Forestry) Silviculture & Agroforestry Ph.D. (Horticulture) Fruit Science			☐ ☐ ☐ ☐ ☐	
	College of Agriculture, Ummedganj, Kota	B.Sc. (Hons.) Agriculture M.Sc. (Agri.) Agricultural Extension Education Ph.D. Agronomy Ph.D. Genetics and Plant Breeding			☐ ☐ ☐ ☐	
	Note: Please Tick [] the check box in which admission is sought					
DD No. Date, Name of Bank and Branch (Amount Rs. 1000/- in favour of Dean, College of Horticulture and Forestry, Jhalawar)						
A. Personal details						
Name in full (As in Secondary Certificate & in BLOCK LETTERS)						
Father's/Guardian's Name						
Date of Birth & Age on 01.01.2026 <div style="display: flex; justify-content: space-between;"> DayMonthYear Age </div>						
Gender						
Marital status						
Mother tongue						
Nationality						
State of Domicile (Attach valid proof of Rajasthan Domicile certificate)						
Roll No. as per admit card of CUET (ICAR-UG) 2026 / AIEEA-PG-2026/ AICE-JRF/SRF (Ph.D.) 2026						
Marks obtained in CUET (ICAR-UG) 2026 / AIEEA-PG-2026/ AICE-JRF/SRF (Ph.D.) 2026						
Category (for OBC/MBC/EWS etc.) Attach latest (not more than one year) caste certificate except SC/ST						
Educational details of the last qualifying examination						
Examination	Roll/Enroll. No.	Year	Board/University	Total Marks	Marks obtained	% OGPA
10 th						
10+2						
B.Sc.						
M.Sc.						

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B. Other relevant Information

Mailing Address	Permanent Address
Pin Code :	Pin Code:
Mobile No. (Self)	Mobile No. (Parent/Guardian)
Email ID (Self)	Email ID (Parent/Guardian)

Signature of Applicant**DECLARATION**

I hereby declare that the particulars given in this application are true and correct to the best of my knowledge. I will not claim any benefit of ICAR.

Date:**Signature of Applicant****Place:****FOR OFFICE USE ONLY****Application No.** **Amount Paid**.....**Verified by:****DEAN**