



**Agriculture University, Kota**  
Baran Road, Borkhera, Kota 324001, Kota (Raj.)

<b>APPLICATION FORM</b> for admission on the ICAR quota vacant seats for session 2025-26				<b>Photo</b>		
<b>Application for admission to:</b>						
College of Horticulture and Forestry, Jhalawar 326023		B.Sc. (Hons.) Horticulture			<input type="checkbox"/>	
		B.Sc. (Hons.) Forestry			<input type="checkbox"/>	
		M.Sc. (Forestry) Forest Products and Utilization			<input type="checkbox"/>	
College of Agriculture, Ummedganj, Kota 324001		B.Sc. (Hons.) Agriculture			<input type="checkbox"/>	
		M.Sc. (Ag.) Genetics & Plant Breeding			<input type="checkbox"/>	
		Ph.D. Genetics & Plant Breeding			<input type="checkbox"/>	
<b>Note: Please Tick ( ) the check box in which admission is sought</b>						
DD No. Date, Name of Bank and Branch (Amount Rs. 1000/- in favour of Dean, College of Horticulture and Forestry, Jhalawar)						
<b>A. Personal details</b>						
Name in full (As in Secondary Certificate & in BLOCK LETTERS)						
Father's/Guardian's Name						
Date of Birth & Age on 24.12.2025		..... Day .....		.....Month .....		.....Year
		Age .....				
Gender						
Mother tongue						
Nationality						
State of Domicile (Attach valid proof of Rajasthan Domicile certificate)						
Roll No. as per admit card of CUET (ICAR-UG) 2025 / AIEEA-PG-2025/ AIEEA-PG-2025/ICAR AICE-JRF/SRF (Ph.D.) 2025						
Marks obtained in CUET (ICAR-UG) 2025 / AIEEA-PG-2025/ AIEEA-PG-2025/ICAR AICE-JRF/SRF (Ph.D.) 2025						
Category (Attach proof)						
<b>Educational details of the last qualifying examination</b>						
Examination	Roll/Enroll. No.	Year	Board/University	Total Marks	Marks obtained	% OGPA
10 <sup>th</sup>						
10+2						
B.Sc. (Hons.) Ag./Horticulture /Forestry						
M.Sc. (Ag.)						

19.1.26

**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.....

**DEAN**

*[Handwritten Signature]*  
19.1.26