

DR. D. Y. PATIL COLLEGE OF AGRICULTURE

(Affiliated to M.P.K.V., Rahuri)

A/P. : Talsande, Tal. : Hatkanangale, Dist. : Kolhapur. Pin.: 416 112

Web.: dypagri.com E-mail : principal.dypcaet@yahoo.in Ph. (0230) 2479159 Fax. (0230) 2479159

ROSTER FORM

Semester : VII (New)

Academic Year : 20 -20

- Student's Copy ☐
- Counsellor's Copy ☐
- Office Copy ☐

Name of Student :

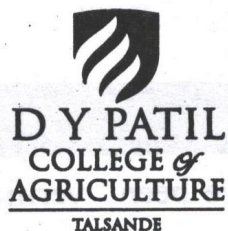
Reg. No. : AT **Mob. No.**

Semester – VII (NEW) (All courses are compulsory)

Sr. No.	Course Title	Credits	Offered Yes / No
1	Agronomy	2 (0+2)	
2	Animal Science and Dairy Science	1 (0+1)	
3	Agril. Botany	1 (0+1)	
4	Agril. Economics	2 (0+2)	
5	Agril. Entomology	1 (0+1)	
6	Agril. Engineering	1 (0+1)	
7	Extension Education	2 (0+2)	
8	Horticulture	1 (0+1)	
9	Plant Pathology	1 (0+1)	
10	Soil Science and Agril. Chemistry	1 (0+1)	
11	Report on study of village attachment / Unit attachment in univ./College KVK /Res. Station	1 (0+1)	
12	Reports on Study of Agro-Industrial Attachment or Reports on Study of Agro-based industry/ enterprise	6 (0+6)	
	Total	20 (0+20)	

Date : / /2020

Signature of Student



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F-GRADE FORM

Semester : V (New)

Academic Year : 20 -20

• Student's Copy ☐

• Counsellor's Copy ☐

• Office Copy ☐

Name of Student :

Reg. No. : AT **Mob. No.**

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Sr. No	Course No	Course Title	Credits	F-Grade Yes /No
A) Core Course				
1	AGRO-359	Practical Crop Production-I (Kharif crops)	1(0+1)	
2	AHDS-353	Technology of Milk and Milk Products.	2(1+1)	
3	BOT-353	Intellectual Property Right	1(1+0)	
4	ECON-353	Agricultural Marketing Trade and Prices	3(2+1)	
5	ENTO-354	Pests of Crops and Stored Grain and their Management- I	2(1+1)	
6	GPB-355	Crop Improvement – I (Kharif Crops)	2(1+1)	
7	HORT-354	Production Technology for Ornamental Crops, MAP and Landscaping	2(1+1)	
8	PATH-354	Diseases of Field and Horticultural Crops and their Management	3(2+1)	
9	SSAC-353	Manures, Fertilizers and Soil Fertility Management	3(2+1)	
		Subtotal	19 (11+8)	
B) Common Courses				
10	EXTN-355	Entrepreneurship Development and Business Communication	2(1+1)	
		Subtotal	02 (1+1)	
C) Elective Course (3 credits)				
1	AGRO-3510	Weed Management	3(2+1)	
2	ELE-ECON-354	Agribusiness Management	3(2+1)	
3	ELE-FST-351	Food Safety and Standards	3(2+1)	
4	ELE-HORT-355	Protected Cultivation of Horticultural Crops	3(2+1)	
		Subtotal	03 (2+1)	
		Total (A+B+C)	24 (14+10)	

Date : / /2020

Signature of Student

Payment Details :

Sr. No.	Particulars	Details
1	Student Name	
2	Regular Fee (Rs)	
3	F-Grade Fee (RS) (Per Subject Rs 100)	
4	Total	
5	RTGS / NEFT UTR No	
6	Date of Transaction	
7	Account Holder Name (Whose A/C used for transaction)	
8	Bank Name	
9	Branch Name	

Note : Attach Bank slip

Dr. D. Y. PATIL COLLEGE OF AGRICULTURE, TALSANDE
RAWE PROGRAMME YEAR 2020-21

UNDERTAKING

1. I express my willingness to participate in the RAWE programme commencing from
2. I abide to follow all the guidelines and instructions given to me from time to time by my supervisor
3. I will be fully responsible for any loss or injury, which I may suffer while or in consequence of my stay in the village or traveling etc.
4. Amid covid-19 pandemic outbreak, as per guidelines issued by Ministry of Health and Family Welfare, I will maintain social distancing and wear face cover while conduction of RAWE and AIA programme.
5. I will depict good conduct & behavior during my village stay and will not indulge in any conflict or coercive activities, which may tarnish of the institution of which I am student.
6. I will devote my complete RAWE tenure in the activities assigned to me, If any deviations from the norms are reported, I may be dropped from the roll.

Date:

Signature of Student

Registration No.....

Name:

Father's Name:

Dr. D. Y. PATIL COLLEGE OF AGRICULTURE, TALSANDE
RAWE PROGRAMME YEAR 2020-21

INFORMATION SHEET

1	Name of Student (In capital letters)	
2	Father's/Guardian Name	
3	Aadhar Card No.	
4	Bank Account details of Student	Name of Bank/Place:..... Account No.:.....IFSC Code:.....
5	Permanent Address, Telephone No. /Mobile No.	
6	Present Address, Telephone No./Mobile No.	
7	Blood group	
8	Any specific health problem/illness	
9	Any other details	

The above information is correct to best of my knowledge & belief.

Date:

Signature of Student

ANNEXURE-XIV

Dr. D. Y. PATIL COLLEGE OF AGRICULTURE, TALSANDE
RAWE PROGRAMME YEAR 2020-21

MEDICAL FITNESS CERTIFICATE

1. Certified that I have examined Shri/Ku.....
S/o, D/o.....Dr. D. Y. Patil College of
Agriculture, Talsande found his/her FIT to attend village stay
programme under RAWE.
2. I also certify that the above mentioned student has been inoculated/
vaccinated against small pox, typhoid and cholera.
3. He / she is not showing any Influenza/ILI/SARI like symptoms or
any symptom of COVID-19 and found asymptomatic

Signature of student

Date

Signature Medical Officer

(With seal)