



D. Y. Patil Education Society's

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) 2479299 Fax. (0230) 2479299

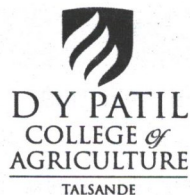
OLD**ROSTER FORM****Semester : VII****Academic Year : 20 -20**

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

Name of Student :**Reg. No. : AT-****Mob. No.**

Sr. No.	Course No.	Title of the Course	Credits T + P = Total	Offered	
				Yes	NO
1	AGRO-4712	Agronomy	0 + 2 = 2		
2	ASDS-475	Animal Science and Dairy Science	0 + 2 = 2		
3	BOT-478	Agricultural Botany	0 + 1 = 1		
4	ECON-476	Agricultural Economic	0 + 2 = 2		
5	ENGG-475	Agricultural Engineering	0 + 1 = 1		
6	ENTO-475	Agricultural Entomology	0 + 2 = 2		
7	EXTN-475	Extension Education	0 + 2 = 2		
8	HORT-475	Horticulture	0 + 2 = 2		
9	PATH-475	Plant Pathology	0 + 2 = 2		
10	SSAC-475	Soil Science and Agricultural Chemistry	0 + 2 = 2		
11	REPORTS	Reports & Study of Agro based industry / Enterprise	0 + 2 = 2		
		Reports & Study of Agril. Research Center / KVK			
Total credits offered			0 + 20 = 20		

Date : / /20**Signature of Student**



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OLD**F- GRADE FORM****Semester : V****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.	Title of the Course	Credits T + P = Total	Offered	
				Yes	NO
1	AGRO-359	Weed Management	1 + 1 = 2		
2	ASDS-353	Technology of Milk & Milk Products	1 + 1 = 2		
3	BOT-356	Principles of Plant Biotechnology	2 + 1 = 3		
4	ECON-354	Agricultural Marketing, Trade and Prices	1 + 1 = 2		
5	ENGG-353	Farm Power and Machinery	1 + 1 = 2		
6	ENTO-353	Crops Pests and Stored Grain Pest and their Management	2 + 1 = 3		
7	EXTN-353	Extension Methodologies for Transfer of Agricultural Technology	1 + 1 = 2		
8	PATH-354	Diseases of Horticultural Crops and their Management	2 + 1 = 3		
9	SSAC-354	Biochemistry	2 + 1 = 3		
Total credits offered					

Date : / /20**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

ANNEXURE-XII

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)