

'Re-Registration Form

ACADEMIC YEAR: 2020-21

Semester: II (New)

Name of the Student _____

Reg. No. _____ Mob.No.

| Sr. No. | Course No. | Title of the Course | Credits T+P=Total | Offered | |
|------------------------------|------------|---|----------------------|---------|----|
| | | | | Yes | No |
| | A) | Core Course | | | |
| 1 | AGRO-123 | Fundamentals of Agronomy-II | 1+1=2 | | |
| 2 | BOT 121 | Fundamentals of Crop Physiology | 1+1=2 | | |
| 3 | ECON 121 | Fundamentals of Agricultural Economics | 2+0=2 | | |
| 4 | ENGG 121 | Soil and Water Conservation Engineering | 1+1=2 | | |
| 5 | ENTO-121 | Fundamentals of Entomology | 1+1=2 | | |
| 6 | EXTN 122 | Fundamentals of Agricultural Extension Education | 2+1=3 | | |
| 7 | GPB 121 | Fundamentals of Genetics | 2+1=3 | | |
| 8 | PATH 121 | Fundamentals of Plant Pathology | 2+1=3 | | |
| | | Subtotal | 12+7=19 | | |
| | B) | Non-Gradial course | | | |
| 9 | FRST 121 | Introduction to Forestry | 1+1=2 | | |
| 10 | EDNT 121 | Educational Tour* | 0+1=1 | | |
| | | Subtotal | 1+2=3 | | |
| | C) | Common Course | | | |
| 11 | EXTN 123 | Communication Skills and personality Developments | 1+1=2 | | |
| | | | 1+1=2 | | |
| Total Credits (A+B+C) | | | 14+10=24 | | |

To be filled in by the student

I am aware that

1. The registration for the course mentioned on page I is subject to the change on verification of my academic record and to the rules governing registration.
2. If discontinue attending course/s after final date of withdrawal, I shall be declared as not registered for the courses
3. Late date of withdrawal from course/s is
4. I shall abide by all the rules of the MCAER/ MPKV/ College/ Hostel Student's Council as modified from time to time
5. This application does not warranty registration as desired.

Date _____

Signature _____
of the student

TO BE FILLED IN BY THE COUNSELOR

1. The student has completed _____ credits out of _____ credits at the end of semester
2. It is recommended that he/ she may be allowed to registrar provisionally for _____ credits during _____ semester

Signature _____
Name _____
Designation _____

TO BE FILLED IN BY THE CHIEF COUNSELOR

The student is allowed to register for _____ credits during _____ semester

Name & Sign Chief Counselor

FOR THE USE OF OFFICE

This form is received in this office at the time of registration from the student and he/ she has paid the fees amounting Rs. _____ by cash /DD/RTGS

| DD/RTGS Details | | Fees Receipt Details | |
|-----------------|--------|----------------------|--------|
| No : | Date : | No : | Date : |

Academic Clerk
Dr.D.Y.Patil College of
Agriculture,
Talsande, Kolhapur

Assistant Registrar
Dr.D.Y.Patil College of
Agriculture
Talsande, Kolhapur

Principal
Dr.D.Y.Patil College of
Agriculture,
Talsande, Kolhapur

INSTRUCTION:

This Roster form should be submitted to office of the Principal, duly filled in all respects and duly signed by all concerned on or before the date of the registration, failing which the student will not be allowed to attend the classes and will be treated as " Not Registered" for the semester.

Registration Details

| Sr. No. | Particulars | Total Credits |
|---------|--------------------------|---------------|
| 01 | Regular Credits (SEM-II) | |

Payment Details

| | |
|---|--|
| Account Holder Name | |
| Student Name | |
| Registration No. | |
| Tuition Fee Amount (A) | |
| F-Grade Fee Amount (B) (Per Subject Rs. 100/-) | |
| Re-registration Fee Amount (C) (Per Subject Rs. 100/-) | |
| Exam fees (D) | |
| Total RTGS/NEFT Fee Amount (A+B+C+D) | |
| Bank Name | |
| UTR No. | |
| RTGS/NEFT Date | |