Poojya Sane Guruji Vidya Prasarak Mandal’s **( Counselor’s Copy )**


# K.V.PATEL, COLLEGE OF AGRICULTURE SHAHADA,

#  DIST-NANDURBAR

(Affiliated to Mahatma Phule Krishi Vidyapeeth, Rahuri)

Phone No. 02565- 229562, FAX No. 02565- 229740

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### ROSTER FORM

**Semester: I St (New)** Academic year:- 20 -20

Registration No:. ……………. Duration: 6th Months

**Name of the student.** ……………………… …………………… …………………………

(In Block Letters) (Surname) (First Name) (Father’s Name)

Mobile No.(**Self**):- … … … … … … … … … … … Mobile No.(**Parents**):- … … … … … … … … … … …

|  |  |  |  |
| --- | --- | --- | --- |
| **Course No.**  | **Title of the Course** | **Credits** | **Whether offered** |
| **Theory** | **Practical** | **Total** |
| **A)**  | **Core courses** |
| AGRO 111 | Fundamentals of Agronomy-I | 1 | 1 | 2 | Yes/No |
| AGRO 112 | Introductory Agro-meteorology and Climate change | 1 | 1 | 2 | Yes/No |
| AHDS 111 | Livestock Production & Management | 1 | 1 | 2 | Yes/No |
| EXTN 111 | Rural Sociology & Educational Psychology | 2 | 0 | 2 | Yes/No |
| HORT 111 | Fundamentals of Horticulture | 1 | 1 | 2 | Yes/No |
| LANG 111 | Comprehension & Communication Skills in English | 1 | 1 | 2 | Yes/No |
| MIBO 111 | Introductory Microbiology | 1 | 1 | 2 | Yes/No |
| SSAC 111 | Fundamentals of Soil Science | 2 | 1 | 3 | Yes/No |
|   | **Total Core Courses** | **10** | **7** | **17** |  |
| **B)** | **Remedial Courses**  |
| AGH 111 | Agricultural Heritage\*1 | 1 | 0 | 1 | Yes/No |
| BIO 111 | Introductory biology \*2 | 1 | 1 | 2 | Yes/No |
| MATH 111 | Elementary Mathematics \*3 | 1 | 1 | 2 | Yes/No |
|   | **Sub total** | **1/2/3** | **0/1/2** | **1/3/5** |  |
| **C)** | **Non-Gradial Courses \*\*** |
| HVE 111 | Human Values & Ethics  | 1 | 0 | 1 | Yes/No |
| DEG 111 | Democracy, Elections and Good Governance | 1 | 0 | 1 | Yes/No |
| NCC/ NSS-111 | NCC/ NSS  | 0 | 1 | 1 | Yes/No |
| PEY-111 | Physical Education and Yoga | 0 | 1 | 1 | Yes/No |
|   | **Sub total** | **2** | **2** | **4** |  |
|  | **Total Credits (A+B+C)** | **13/14/15** | **10/11** | **22/24/26** |  |

**Remedial Courses**

\*1Compulsory to all students

\*2 Students who have Biology in XII std are exempted

\*3Students who have MATH in XII std are exempted

**\*\* Non-Gradial Courses**

 Date: / /20 Signature of the Student

**To be filled in by the student:** I am aware that:

1.The registration for the courses mentioned on page 1 is subject to the change on verification of my academic record and to the rules governing registration.

2.If I discontinue attending after final date of withdrawal, I shall be declared as not registered for that courses.

3. Last 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.

5.This application does not warranty registration as directed.

**Date:18/09/2017 Signature of Student**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**To be filled in by the Counselor:**

1. The student has completed ……… credits out of ……… credits at the end of I st semester, session 2017-18.

2. It is recommended that he / she may be allowed to register provisionally for ………………

 credits during I st semester, session 2017-18.

 **Signature:** ……………………………

 **Name:** ………………………………

 **Designation:** …………………………

**Remarks of the Chief Counselor:**

The student is allowed to register for …………………credits during I st Semester of Session 2017 -2018.

#####  Chief Counselor

**K. V. Patel College of Agriculture,**

**Shahada**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

To be filled in by the Principal / Associate Dean’s Office :-

The student has paid all the fees amounting to Rs. . . . . . . . . . Vide receipt No. . . . . . . . dated / / 2017

**Registrar,**

**K.V.Patel College of Agriculture,**

**Shahada.**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Instruction:**

This Roster Form should be submitted to office of the Principal / Associate Dean, duly filled all respects and duly signed by all concerned on or before the date of registration, failing which the student will not be allowed to attend the classes and will be treated as ‘ **Not Registered** ’ for the semester.

**Registration approved**

**PRINCIPAL**

**K. V. Patel College of Agriculture,**

**Shahada**