



Poojya Sane Guruji Vidya Prasarak Mandal's (Students 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

**ROSTER FORM**

**Semester: VII<sup>th</sup> (New)**

Academic year:- 202 -202

Student READY Programme  
(Rural and Entrepreneurship Awareness Development Yojana)  
**RAWE & AIA Programme**  
Rural Agricultural Work Experience and Agro-Industrial Attachment

Registration No.: .....

Duration: 6<sup>th</sup> Months

**Name of the student.** .....  
(In Block Letters) (Surname) (First Name) (Father's Name)

Mobile No.(Self):-.....

Mobile No.(Parents):- .....

Sr. No.	Courses	Credits	Marks allotted	Whether offered (Yes/No)
1.	Agronomy	0+2	100	
2.	Animal Science and Dairy Science	0+1	50	
3.	Agril. Botany	0+1	50	
4.	Agril. Economics	0+2	100	
5.	Agril. Entomology	0+1	50	
6.	Agril. Engineering	0+1	50	
7.	Extension Education	0+2	100	
8.	Horticulture	0+1	50	
9.	Plant Pathology	0+1	50	
10.	Soil Science and Agril. Chemistry	0+1	50	
11.	Reports on Study of Village attachment/ Unit attachment in Univ./ College. KVK/ Res. Station	0+1	50	
12.	Reports on Study of Agro-Industrial Attachment <b>OR</b> Reports on Study of Agro-based industry/ enterprise	0+6	300	
<b>Total</b>		<b>0+20</b>	<b>1000</b>	

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:**     /     /202  
**of Student**

**Signature**

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

1. The student has completed ..... credits out of .....credits at the end of ..... semester, session 202 -2 .
2. It is recommended that he / she may be allowed to register provisionally for ..... credits during ..... semester, session 202 -202 .

**Signature:**

.....

**Name:**

.....

**Designation:**

.....

**Remarks of the Chief Counselor:**

The student is allowed to register for .....credits during VII<sup>th</sup> Semester of Session 202 -202 .

**Chief Counselor**

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

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**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     /     / 202

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

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**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.

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**Registration approved**

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