



Poojya Sane Guruji Vidya Prasarak Mandal's
K.V.PATEL, COLLEGE OF AGRICULTURE SHAHADDA,
DIST-NANDURBAR

(Affiliated to Mahatma Phule Krishi Vidyapeeth, Rahuri)

Phone No. 02565- 229562,

Email.Id-princi_agri@rediffmail.com

ROSTER FORM

Semester: VIIIth (New)

Academic year: - 20 -20

Registration No.:

Duration: 6th Months

Name of the Student.
(In Block Letters) (Surname) (First Name) (Middle Name)

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

Email Id- :

EXPERIENTIAL LEARNING MODULES.

Sr. No.	MODULE NO.	MODULE NAME	CREDITS			Whether offered
			Theory	Practical	Total	
1	SRP-EL-AGRO-4014	Commercial Production of Organic Inputs	0	10	10	
2	SRP-EL-ENTO-406	Mass Production of Bio-agents and Bio-pesticides	0	10	10	
3	SRP-EL-SSAC-405	Soil, Water, Plant and Fertilizer Analysis	0	10	10	
4	SRP-EL-AHDS-406	Poultry production	0	10	10	
5	SRP-EL-BOT-407	Seed Production and Technology	0	10	10	
6	SRP-EL-ENTO-407	Commercial Bee keeping	0	10	10	
7	SRP-EL-HORT-4011	Nursery Management of Horticultural Crops	0	10	10	
8	SRP-EL-PATH-406	Mushroom Cultivation Technology	0	10	10	
9	SRP-EL-HORT-4012	Commercial Vegetable Production	0	10	10	
10	SRP-EL-PATH-407	Bio fertilizer Production Technology	0	10	10	
11	SRP-EL-SSAC-406	Agricultural Waste Management	0	10	10	
12	SRP-EL-AGRO-4013	Organic Farming Production Technology	0	10	10	
		Total	0	20	20	

Note:- Students have to registers for two modules.

Date: / /20

Signature of the Student



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Note:- Students have to registers for two modules.

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 no. 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 course.
3. Last date of withdrawal from courses 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: / /20
of Student

Signature

To be filled in by the Counselor:

1. The student has completed credits out ofcredits at the end of semester, 20 - 20 .
2. It is recommended that he / she may be allowed to register provisionally for
Credits during semester, session 20 - 20 .

Signature:

.....

Name:

.....

Designation:

.....

Remarks of the Chief Counselor:

The student is allowed to register forcredits during VIIIth Semester of Session 20 - 20 .

Chief Counselor

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

To be filled in by the Principal Office:-

The student has paid all the fees amounting to Rs. Vide receipt No. ...
..... dated / / 202

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

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**