Ap	plica	tion	No.:
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# TAMIL NADU AGRICULTURAL UNIVERSITY DIRECTORATE OF OPEN AND DISTANCE LEARNING COIMBATORE – 641 003

Application form for admission in

Special Certificate Course on Herbal Formulation and Technology

01.	Name of the applicant (IN BLOCK LETTERS) :	
02.	Name of the Parent / Guardian / Husband :	Affix recent passport
03.	Address for communication :	- Photograph
	District: Pincode :	
	Phone: Mobile:E-mail:	
04.	Date of Birth: Day Month Month Year Age	
05.	Sex : Male Female Transgender	
06.	Mother Tongue	
07.	Social category: SC ST BC OBC Others	
08.	Employment status: Govt. Private NGO Self employed	Others 🗌
	If employed, a. Designation:	

## 09. Educational Qualification:

S. No	Educational Qualification	Name of the Institution	Year of passing	Main subjects	% of Marks & CGPA
01.					
02.					

(Attested Xerox copy of the proof of educational qualifications should be enclosed)

#### 10. Details of work experience, if employed or self employed \*\*:

Name of the	Designation	Period		Total	Nature of duties
Organization/ Employer		From	То	Years	Nature of duties

(\*\* if employed, certificate may be enclosed)

### **11. Course fee** (Course fee is not refundable and transferrable from the employer)

Online payment Ref. No.\_\_\_\_\_Amount:\_\_\_\_\_Date:\_\_\_\_Bank:\_\_\_\_\_

The fees to be paid only through online mode:

#### https://www.onlinesbi.com/prelogin/institutiontypedisplay.htm

#### 12. Candidate's declaration:

I hereby declare that the information stated in the application form is true, complete and correct to the best of my knowledge. I hereby abide by the rules and regulations of the TNAU on the event of my admission.

Signature of the applicant

Place : Date :