

Application No.:



TAMIL NADU AGRICULTURAL UNIVERSITY
DIRECTORATE OF OPEN AND DISTANCE LEARNING
COIMBATORE – 641 003

Application form for admission in Online Certificate Course

01. Name of the applicant (IN BLOCK LETTERS) : _____

02. Name of the Parent / Guardian / Husband : _____

03. Address for communication : _____

 _____Affix recent passport
size (colour)
Photograph

District: _____

Pincode :

Phone: _____

Mobile: _____

E-mail: _____

04. Date of Birth: Day 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. Registration sought for:

 Kitchen and Roof Gardening Medicinal Plants and Aromatic Crops Production Vermi - Composting Organic Farming Inputs Ornamental Gardening and Landscaping Peat and Disease Diagnosis in Home Gardening

10. 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)

11. Details of work experience, if employed or self employed **::

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

(** if employed, certificate may be enclosed)

12. Educational Qualification – 12th Standard Pass**13. 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.sbi/sbicollect/icollecthome.htm>

14. 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 :

For Office Use only

01. Candidate’s Permanent Registration No.:

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02. Subject:

Certificate Courses :

Kitchen and Roof Gardening / Medicinal Plants and Aromatic Crops Production / Vermi - Composting / Organic Farming Inputs / Ornamental Gardening and Landscaping/ Peat and Disease Diagnosis in Home Gardening

Online Ref. No. _____ **Amount:** _____ **Date:** _____ **Bank:** _____

Verification and Admission

Certified that I have verified all the certificates in originals and the online payment receipt

Signature and rubber stamp of the Verification Officer

Director (ODL)