

# SUSRIJO INSTITUTE OF AGRICULTURAL SCIENCE, TECHNOLOGY AND MANAGEMENT

(Affiliated to the University of Kalyani)



Krishnagar IT Park  
Vill.- Deypara, P.O.- Krishnagar,  
P.S.- Kotwali, Dist.- Nadia, Pin-741101, West Bengal.  
Email: [siasm2020@gmail.com](mailto:siasm2020@gmail.com) Website: [www.siasm.org](http://www.siasm.org)



## Application Form

Sl. No. **02** Academic Year: \_\_\_\_\_ Date: \_\_\_\_\_

**Course applied for:** (Please put (√) mark in box specified)

- 1) Diploma in Agricultural Science and Management (D.A.S.M.)
- 2) Post Graduate Diploma in Crop Production and Plant Health Management (P.G.D.C.P.P.H.M.)

### PERSONAL INFORMATION:

(PLEASE FILL THE FORM IN BLOCK LETTERS ONLY)

- NAME
- FATHER'S NAME
- MOTHER'S NAME
- NATIONALITY
- D.O.B. DD   MM   YYYY     BLOOD GROUP:
- GENDER MALE  FEMALE  • RELIGION:
- CATEGORY GENERAL  SC  ST  OBC-A  OBC-B  PH   
(Please √ in specified box)
- PERMANENT ADDRESS
- PRESENT ADDRESS

### CONTACT INFORMATION:

- TELEPHONE NO  MOB. NO.
- E-MAIL ID:
- LOCAL GUARDIAN (IF ANY)
- ADDRESS
- TELEPHONE NO / MOBILE NO:

### Applicant's Copy

(To be filled by the office)

Application Form No. \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Course applied for: \_\_\_\_\_ Academic Year \_\_\_\_\_

Whether Application Form Fee Rs. 500/- is paid: Yes  No

If yes, please specify mode of payment: Cash  / DD  If DD, please write DD No. \_\_\_\_\_ date \_\_\_\_\_

Necessary documents are enclosed: Yes  No

Verification of documents & testimonials are done with originals and found to be correct.

(Admission Counselor)

(Admin-in-Charge)

Date: \_\_\_\_\_

**ACADEMIC INFORMATION:**

• NAME OF SCHOOL/COLLEGE LAST ATTENDED \_\_\_\_\_

• ACADEMIC QUALIFICATION \_\_\_\_\_

Examination passed	Year of passing	Board/University	Subjects	Total marks	%of marks

• LANGUAGES KNOWN: a) FIRST LANGUAGE \_\_\_\_\_ b) SECOND LANGUAGE \_\_\_\_\_

**OTHER INFORMATION:**

• WANT TO AVAIL HOSTEL FACILITIES?  YES  NO Total Distance from Home to Institute \_\_\_\_\_ (k.m.)  
(Please attach residential certificate)

• ANY OTHER INFORMATION CANDIDATE WISHES TO SHARE:

\_\_\_\_\_

**Documents to be submitted with the Application Form:** Age Proof Certificate (Admit Card), Aadhaar Card, Secondary Marksheet, H.S. (10+2) Board / Council Marksheet, Certificate (mandatory for D.A.S.M.), Graduation Marksheet & Certificate (mandatory for P.G.D.C.P.P.H.M.) & Two stamp size colour photographs with name written at the back side. All documents should be attested photocopies.

**Declarations:**

1. SHALL OBEY THE RULES & REGULATIONS OF THE INSTITUTE.
2. I SHALL NOT TAKE PART IN ANY SUBVERSIVE ACTIVITIES INCLUDING RAGGING IN ANY FORM IN THE INSTITUTE CAMPUS OR THE INSTITUTE OR ANYWHERE AT WEST BENGAL OR OUTSIDE ANYTIME DURING MY STAY AT THE INSTITUTE.
3. IF I INVOLVE MYSELF IN ANY TYPE OF SUBVERSIVE ACTIVITIES, THE INSTITUTE AUTHORITY, ALONE OR IN CONSULTATION WITH LOCAL ADMINISTRATION, MAY TAKE ANY TYPE OF DISCIPLINARY ACTION AS PER PREVAILING RULES & REGULATIONS OF THE INSTITUTE.
4. I ALSO AGREE TO PAY INSTITUTE INSTALMENTS / HOSTEL FEES IN TIME. IF I FAIL TO PAY FEES INSTALLMENTS FOR CONSISTENTLY TWO MONTHS / TWO INSTALMENTS; I SHALL BE LIABLE TO STRUCK OFF FROM THE INSTITUTE ROLL.
5. ALL THE INFORMATION FURNISHED HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF.

.....  
(Countersigned in full by parent / local guardian)

Date.....

.....  
(Signature in full of the candidate)

Date.....

\_\_\_\_\_

\_\_\_\_\_

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Application Form No. \_\_\_\_\_

Name \_\_\_\_\_

Academic Year \_\_\_\_\_

Whether Application Form Fee Rs. 300/- is paid: Yes  No

If yes, please specify mode of payment: Cash  V/D  If V/D, please write DD No. \_\_\_\_\_

Necessary documents are enclosed: Yes  No

Verification of documents & testimonials are done with originals and found to be correct (to be done)

(Admin-in-Charge)

(Admission Counselor)

Date \_\_\_\_\_