

## K. K. WAGH COLLEGE OF AGRICULTURE, NASHIK

		IX. IX. V	VAGII COI	LEGE OF AGI	MCULIU	NE, 112	ASIIIX				
Registration Form for Training & Placement [Academic year: 201:201]											
1. Per son al det ails	Year (B.Sc.) Sem -		Stream:	Bato	Batch (pass out year):						
	Name (S-N-F):										
	Reg. No:		Gender (	Gender (M/F):			Birth Date:				
			Addre	Address			Tel Nos (with STD)				
	Loc al										
	Per man ent										
	Cell:										
	E-mail:										
2. Acade mic details	Exam passed		Obtained marks	Max. marks	% ma	ırks	Aggregate % (CPGA)				
	1	SSC									
	2	HSC					_				
	3	SEM I					_				
	4	SEM II					-				
	5	SEM III					-				
	6	SEM IV									
	7	SEM V									
	8	SEM VI									
	9	SEM VII									
	10	SEM VIII					]				

3.Semin ar Titles	Seminar:									
	Schillar.									
4. Hands	Duration:	From (	dt.):	To (dt.):						
on training projects										
2 0	Institute/ Company Name & Place:									
	HOT-481 Project (in brief):									
5.	Other technical training details [ if any]									
Technic al										
trainin	1.									
g details	2.									
	6. Paper presentation or conferences attended [if any]  Confer 1.									
6. Confer										
ences	2.									
	2.									
	Give the preferences for the following or tick appropriate, if choice is more than one give preferences between [1-5] 1 for first choice and 5 for last choice.  * Interested for Job after graduation.  * Interested to become an Entrepreneur.									
7.										
Prefere										
nces	* Willing to continue higher studies.									
	<ul><li>* Interested to continue family be</li><li>* Not decided.</li></ul>	usiness								
8.	Expected Salary:-									
	Special Achievement [ if any]:-									
9.										
	Student Declaration: I confirm that the	above inf	formation is correct to	the hest of my						
10.	Student Declaration: I confirm that the above information is correct to the best of my knowledge and I understand that any misrepresentation / suppression of facts may result into									
	disqualification from T & P Process.									
D 4	C:cm.	Updat	1.	2.						
Date:	Sign:	ed sign								

Student Signature T & P Coordinator Signature Counsellor Principal