

CAMPUS FORM
ANAND AGRICULTURAL UNIVERSITY, ANAND
Faculty of Post-Graduate Studies

College : _____

Form for Certification of the Postgraduate Student

1. (a) Full Name of the Student : _____
(In capital letters) (Surname) (First) (Second)

(b) Permanent Address : _____

Email: _____ Mobile No.: _____

2. Registered for : _____ degree

3. Registration No. : _____

4. Fields of Study :

(a) Major field : _____ (b) Minor field : _____

5. Courses attended by the student during his/her Undergraduate / Postgraduate Studies :

First Year

Semester I					Semester II				
Sr. No.	Course or Subject	Credits/Week			Sr. No.	Course or Subject	Credits/Week		
		Lect.	Pract.	Total			Lect.	Pract.	Total
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				
6.					6.				
7.					7.				
8.					8.				
9.					9.				

Second Year

Semester III					Semester IV				
Sr. No.	Course or Subject	Credits/Week			Sr. No.	Course or Subject	Credits/Week		
		Lect.	Pract.	Total			Lect.	Pract.	Total
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				
6.					6.				
7.					7.				
8.					8.				
9.					9.				

Third Year

Semester V					Semester VI				
Sr. No.	Course or Subject	Credits/Week			Sr. No.	Course or Subject	Credits/Week		
		Lect.	Pract.	Total			Lect.	Pract.	Total
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				
6.					6.				
7.					7.				
8.					8.				
9.					9.				
10.					10.				
11.					11.				

Fourth Year

Semester VII					Semester VIII				
Sr. No.	Course or Subject	Credits/Week			Sr. No.	Course or Subject	Credits/Week		
		Lect.	Pract.	Total			Lect.	Pract.	Total
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				
6.					6.				
7.					7.				
8.					8.				
9.					9.				
10.					10.				
11.					11.				

Fifth Year

Semester IX					Semester X				
Sr. No.	Course or Subject	Credits/Week			Sr. No.	Course or Subject	Credits/Week		
		Lect.	Pract.	Total			Lect.	Pract.	Total
1.					1.				
2.					2.				
3.					3.				
4.					4.				
5.					5.				
6.					6.				
7.					7.				
8.					8.				
9.					9.				
10.					10.				
11.					11.				

6. The Advisory Committee recommends the following Courses for PG Studies

(a) Pre-requisite courses

Sr. No.	Course No.	Title of the Course	No. of Credits/Week		
			Lect.	Pract.	Total
1.					
2.					
3.					

Total _____

(b) Courses under the Major field

Sr. No.	Course No.	Title of the Course	No. of Credits/Week		
			Lect.	Pract.	Total
1.					
2.					
3.					
4.					
5.					

Total _____

(c) Courses under the Minor field

Sr. No.	Course No.	Title of the Course	No. of Credits/Week		
			Lect.	Pract.	Total
1.					
2.					
3.					
4.					

Total _____

(d) Courses under the Supporting field

Sr. No.	Course No.	Title of the Course	No. of Credits/Week		
			Lect.	Pract.	Total
1.					
2.					
3.					
4.					

Total _____

(e) Credit requirement for Thesis: _____

(f) Compulsory Non-credit Courses: _____

Total (a + b + c + d + e + f) Credits: _____

Approval of the Advisory Committee:

Name	Designation & Address	Signature
1. Major Guide		
2. Minor Guide		
3. Member		
4. Member		
5. Member		

Note:- If additional member is required in the advisory committee as per common PG Regulations (2016-17)-Item 31.2, give brief justification.

Signature of Major Guide

Signature of Head of the Department

**Signature of Principal & Dean With
Stamp**

**Approved by Director of Research &
Dean PG Studies**

F.W.Cs. to:

- (i) The Dean, Faculty of Postgraduate Studies, Anand Agricultural University, Anand
- (ii) The Registrar, Anand Agricultural University, Anand
- (iii) Principal, _____
- (iv) Major Guide
- (v) Student concerned