

PROSPETOUS 2018-19



MAHARANA PARTAP HORTICULTURAL UNIVERSITY (MHU), KARNAL

Camp office CCSHAU Hisar-125004





Maharana Partap Horticultural University, Karnal

(Established under Haryana Act No. 32 of 2016)

DOCUMENTS TO BE SUBMITTED

- 1. Matriculation Certificate
- 2. 10+2 Certificate
- Bachelor's Degree/Master's degree and transcript/DMC showing marks/ OGPA with conversion formula
- 4. Character Certificate from the institute last attended
- 5. Relevant Certificate if benefit of reserved category is being claimed
- 6. Haryana Resident certificate
- 7. Two recent coloured photograph
- 8. Aadhaar card
- 9. Score card of Entrance Test
- 10. Income Certificate (Criteria for exclusion of creamy layer with in the backward classes will apply as per instructions issued by Welfare of Scheduled Castes and Backward Classes Department, Haryana vide Endst. No. 808-09 W (i) dated 17.08.2016)

Contact the following in case of enquiry:-

CAMP OFFICE: CCS HAU, HISAR

PIN 125004

www.mhu.ac.in

Email: mhuinfo.hry@gmail.com

PH: 01662-256081, 82, 83 REGISTRAR: 98134-86046 DEAN, PGS: 94161-55946

PH: 01662-284314

Photo

Maharana Partap Horticultural University (MHU), Karnal ADMISSION FORM for Master's/Ph.D. Programme, 2018-19 (1st Semester)

Admission Form submission Date & Time									
Application Fees (DD No. & date)									
Programme in which									
Ranking in Entrance		Sc. (Agri.)/Ph.D. pro	gramme]						
conducted by CCS H	AU								
Name of the Applica	ant			Aadhaar Card No.					
Nationality				Date of Birth (DD-MM-YY)					
Marital status				Gender					
Father's Name				Mobile No.					
Mother's Name				Email ID					
Annual income				Category (Gen,	/SC	/BCA/BCB/ESM,	/LDV/PwD)		
Religion				Correspondence	ce a	ddress			
Permanent address									
Qualification	Casand	ary (Class 10 th)	Highan Casan	dary (Class 12 th)	\	UG Degree		DC Da	
Qualification	Second	ary (Class 10)	Higher Secon	idary (Class 12	,	UG Degree		PG De	gree
University/Board									
College/School									
Year									
Roll No.									
Max. Marks									
Marks Obtained									
OGPA									
Percentage									
Subjects									
Student must furnish following information:-									
Whether debarred/		Reason f	for Debarred Debarre		Debarred Pe	eriod			
Rusticated from the									
University/Institute last									
attended by the candidate?		Dotails	foomico			Drovious Inst	itution		
In service or not?		Details o	i service			Previous Inst	เเนเเอก		
Admission No. (UG/PG)									
Declaration: I hereby affirm that the information given by me in this admission form is complete and true to the best of my knowledge and belief and nothing has									

Declaration: I hereby affirm that the information given by me in this admission form is complete and true to the best of my knowledge and belief and nothing has been concealed and that I have made this application with the consent and approval of my parent/guardian. In the event of my being admitted to one of the constituent Colleges, I undertake to abide by disciplinary and other rules and regulations of the College and the University. Any rule framed/amended after my admission shall also be binding upon me. If at any time, it is found that I had obtained admission by misrepresentation of facts or that the admission was made erroneously I understand that the admission can be cancelled and fees and all other dues paid up to the date of such removal shall be forfeited besides other action as may be taken against me according to law. I will abide by the rule of 75% attendance for being eligible to appear in the examination. If my attendance in aggregate is below 33% my name may be struck off and I shall not request for re-admission. I will abide by rules regarding curbing the Menace of Ragging, 2009.

Candidate's Signature	Candidate's Thumb Impression	
Mother's Signature	Father's/Guardian Signature	

HARYANA RESIDENT CERTIFICATE

(For bonafide Residents of Haryana only)

Certified that Sh /Km /Smt

of Haryana Resident.

Photo of Applicant to be attested by the Issuing Authority

001111100			Son/daugnter of Sn.
		R/o	
		bonafide resident of Haryana State in terms of	(complete address) since
		and letter No. 62/27/2003-6 GSI dated	**
No		(Signature of the competent authority)	
Date :		Name	
Place:		Designation (with legible office seal)	
i)	The competent authorities at 22/28/2003-3 G. S. III dated 3	to issue Haryana Resident Certificate will be	as per State Govt. letter No.
ii)	The Haryana Resident candid	lates, who have passed their qualifying examination	on alongwith Matric and 10+2

examinations from the Universities/Board/Institutes located in Haryana are not required to produce Certificate

Scheduled Caste Certificate (SC)

Photo of Applicant to be attested by the Issuing Authority

Certificate Sr. No. ----/year----/Teh-----

1. This is to certify that Shri/Smt/KumariSon/daughter of Shri
2. This Certificate is issued on the basis of the Scheduled Caste Certificate issued by
3. Shri/Smt/Kumariand/or his/her family ordinarily reside(s) in
Tehsildar/ Naib Tehsildar signature with seal
Date

BACKWARD CLASS CERTIFICATE(BC)

Photo of Applicant to be attested by the Issuing Authority

Certificate Sr. No. ----/year-----/Teh-----

1.	This is to certify that Shri/Smt./Kumari Son/daughter of Shri
	ent of
	Union Territorybelongs to caste. This caste is mentioned in the State list of BC
(Appli	icable in the case of person who have migrated from other State/U.T. Administration.)
	This Certificate is issued on the basis of the Backward Class Certificate issued by
(The a	applicant shall submit an affidavit that he/she falls/does not fall in creamy layer).
3.	Shri/Smt/Kumariand/or his/her family ordinarily reside(s) in
village	e/Town of Tehsil District of the State/Union Territory
4. 1170-	This is to certify that he/she does not belong to the person/section(Creamy layer) as per State Govt. letter NoSW(1)-95 dated 7.6.1995, No. 22/36/2000-3GS-III dated 9.8.2000 & No. 213-SW(1)-2010 dated 31.8.2010.
	Tehsildar/ Naib Tehsildar signature with seal
Place.	
Date	

Income Certificate for Backward Class (BC)

Photo to applicant

TI	nis is to certify that Sh./Sm	ıt./Kumari		
Village/Town Territory	Sh	pelong to	District	 State/Union
No. Date Place				

Tehsildar/Naib Tehsildar Signature with seal

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL Recent Photograph of the candidate showing the Certificate No. Date: disability duly attested by the Chairperson DISABILITY CERTIFICATE of the Medical Board. This is certified that Shri/Smt./Kum. son/wife/daughter of Shri identification marks (s) is suffering from permanent disability of following category: Locomotor or cerebral palsy: BL-Both legs affected but not arms. BA-Both arms affected (a) Impaired reach (b) Weakness of grip OL-One leg effected (right or left) (a) Impaired reach. (b) Weakness of orip Ataxic (C) OA-One arm affected (a) Impaired reach. Weakness of grip (b) Ataxic (C) BH-Stiff back and hips (cannot sit or stoop) MW-Muscular weakness and limited physical endurance. Blindness or Low Vision: B-Blind (ii) PB-Partially Blind Hearing impairment: D-Deaf PD-Partially Deaf (Delete the category whichever is not applicable) 2. This condition is progressive/non-progressive/likely to improve/ not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of ________ years _____ months.* Percentage of disability in his/her case is ______ percent. 3. 4. Sh./Smt./Kum. _____ meets the following physical requirement for discharge of his/her duties:-(i) F-can perform work by manipulating with fingers. Yes/No. (ii) PP-can perform work by pulling and pushing. Yes/No. (iii) L-can perform work by lifting. Yes/No. KC-can perform work by kneeling and crouching. Yes/No. (iv) (v) B-can perform work by bending. Yes/No. S-can perform work by sitting. Yes/No. (vi) (vii) ST- can perform work by standing. Yes/No. W- can perform work by walking. Yes/No. (viii) (ix) SE- can perform work by seeing. Yes/No. (x) H- can perform work by hearing/speaking. Yes/No.

Countersigned by the Medical Superintendent/CMO/Head of Hospital (with seal)

(Dr.

Chairperson

Medical Board

*Strike out which is not applicable.

(Dr. ____ Member

Medical Board

RW- can perform work by reading and writing. Yes/No.

Member

Medical Board

CERTIFICATE

(Certificate to be furnish	ned in support of claim for ESM and their V	Wards alongwith Retirement/Pension Booklet)
wife/s			is an Ex-serviceman and his denission in the CCSHAU. His detailed particulars
1.	Name of (Ex-Military	person)	
2.	Father's name		
3.	Whether		
i)	Killed in operation du	uring	
	military service		
ii)	Permanently disable	d in action	
	during military servi		
Give	details		
			Signature of Secretary
Place	E	-0	Zila Sainik Board
Date	d:		(Seal of the above authority)

UNDERTAKING BY THE STUDENT

msut	ution)						
2)	I have, in particular perused Rule 7 and am aware as to what constitutes ragging.						
3)	I have also, in particular, perused clause 8 of the Act and I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.						
4)	I here	I hereby solemnly aver and undertake that					
	a)	I will not indulge in any behaviour or act that may be constituted as ragging under the Act.					
	b)	I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under the Act.					
5)	I here other	y affirm that, if found guilty of ragging, I am liable for punishment according to the Act of without prejudice to any riminal action that may be taken against me under any penal law or any law for the time being in force.					
6)	I herel being	y declare that I have not been expelled or debarred from admission in any institution in the country on account of found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the ation is found to be untrue, I am that my admission is liable to be cancelled.					
		ed this day of month of year.					
		Signature of Deponent Name					
		VERIFICATION					
alse a	Verifie and nothin	that the contents of this undertaking are true to the best of my knowledge and no part of the undertaking is g has been concealed or misstated therin.					
/erifie	d at(lace) on this the (day) of(month),(year)					
		Signature of Deponent Name					

Note:- For UG Programmes the respective Deans will collect the undertakings. However, the HODs will collect the undertakings from the fresh as well as old PG students (on roll) at the start of Academic Year and forward to the Dean, PGS.

UNDERTAKING BY PARENT/GUARDIAN

of	I, M	r./Mrs./Ms	(ft	ull name of parent/guardian). Father/mother/guardian	
bavine	boon s	admitted to	(full name of student with ad	dmission/registration/enrolment	
RAGG	ING IN E	DUCATIONAL INST	TTUTIONS ACT 2012" and fully und	ion) have carefully read "THE HARYANA PROHIBITION Of derstood the provision contained in the said Act.	
2)	I have	e, in particular peru	used rule 7 and am aware as to w	vhat constitutes ragging.	
3)	liable		my ward in case he/she is found go	am fully aware of the penal and administrative action that is uilty of or abetting ragging, actively or passively, or being par	
4)	I here	by solemnly aver a	and undertake that		
	a)	My ward will not	t indulge in any behaviour or act tha	at may be constituted as ragging under clause of the Act.	
	b)		ot participate in or abet or propaga agging under clause of the Rul	ate through any act of commission or omission that may be les.	
5)	witho			ble for punishment according to clause of the Act/Rule, aken against my ward under any penal law or any law for the	
6)	I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.				
	Decla	red this	day of moi	nth of year	
				Signature of Parents/Guardian	
				Name	
				Address	
				Telephone/Mobile No.	
				email	
			VERIFICATI	ON	
	Verifie false a	ed that the contents and nothing has bee	of this undertaking are true to the en concealed or misstated therin.	e best of my knowledge and no part of the undertaking is	
	Verified at(place) on this the(day) of(month),(year)				
				Signature of Deponent Name	
Note:-				t the undertakings. However, the HODs will collect the	

undertakings from the fresh as well as old PG students (on roll) at the start of Academic Year and forward to the Dean, PGS.