

**DEPARTMENT OF HORTICULTURE AND PLANTATION CROPS**  
**CENTRE OF EXCELLENCE FOR CUT FLOWERS**  
**HORTICULTURE RESEARCH AND TRAINING CENTRE, THALLY**  
**KRISHNAGIRI DISTRICT**

**Application form for Re-appearance**

- 1. Name of the student :
- 2. I.D.No. :
- 3. Academic Batch Year :
- 4. Degree programme : Diploma in Horticulture
- 5. Campus/ College :
- 6. Academic Year :
- 7. Details of Courses :

SI.NO.	Semester	Course No.	Course Title	Amount to be paid (Rs)
	Total			

**Details of fee payment**

- Amount Paid:
- Demand draft Number:
- Name of the Bank:
- Date:

Signature of the Student

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**Office use only**

Application Received Date:

Demand Draft enclosed or not

Signature of the Principal