KERALA AGRICULTURAL UNIVERSITY

COLLEGE OF AGRICULTURE, VELLAYANI DEPARTMENT OF COMMUNITY SCIENCE

HORTICULTURAL THERAPY TRAINING

Applications are invited for Horticultural Therapy Training for differently abled students

"Community based rehabilitation through Horticultural therapy to empower adolescents with disabilities"

Duration of the course: Six months

Location of the training: Department of Community Science, College of Agriculture, Vellayani

Eligibility: 1. Above the age of 18 years

- 2. Completed 12th standard
- 3. Holds a medical board disability certificate

Last Date of application: 20/11/2025

Halim Ollin ASSOCIATE DIRECTOR

RARS(SZ) COLLEGE OF AGRICULTURE, VELLAYANI THIRUVANANTHAPURAM - 695

KERALA AGRICULTURAL UNIVERSITY

REGIONAL AGRICULTURAL RESEARCH STATION (SOUTHERN ZONE) COLLEGE OF AGRICULTURE, VELLAYANI

APPLICATION FORM FOR HORTICULTURAL THERAPY PROGRAMME

| Name of applicant (BLOCK LETTERS) | |
|--|---|
| Age and date of birth | |
| Permanent address | |
| | |
| Address for communication | |
| | • |
| Phone No. | |
| Name of Parent/ Guardian | |
| Religion & Caste | |
| Category | |
| Type of disability (Attach Medical Certificates) | |
| Distance from the place of residence To the Institution & Mode of conveyance : | |
| Educational Qualification . | |
| Proof of identity attached | |
| (Copy of SSLC Book/ Passport/ Voters ID card | /Other) |
| | |
| I hereby declare that the details furnished knowledge and belief. | ed above are true and correct to the best of my |
| | |
| Place: | |
| Date : | Signature/ Thump impression of Applicant |
| | · · · · · · · · · · · · · · · · · · · |

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