

MAROTRAO WADAFALÉ COLLEGE OF AGRICULTURE, YAVATMAL
PROFORMA OF ROSTER FORM WITH DECLARATION

Academic Year _____ Date of Registration _____

Name of Student -----

Enroll No:-----

Address :-----

-----Mobile No.-----

B.Sc (Hons) Agriculture Semester - VII

Sr. No.	Courses	Credits	R/RC/RWC/N	Signature of Teacher
1.	Agronomy	0+2		
2.	Animal Science and Dairy Science	0+1		
3.	Agril. Botany	0+1		
4.	Agril. Economics	0+2		
5.	Agril. Entomology	0+1		
6.	Agril. Engineering	0+1		
7.	Extension Education	0+2		
8.	Horticulture	0+1		
9.	Plant Pathology	0+1		
10.	Soil Science and Agril. Chemistry	0+1		
11.	Reports on Study of Village attachment/ Unit attachment in Univ./ College. KVK/ Res. Station	0+1		
12.	Reports on Study of Agro-Industrial Attachment or Reports on Study of Agro-based industry/ enterprise	0+6		
Total		0+20		

Signature of Advisor _____

Signature of Student _____

Name _____

Name _____

Date _____

Enroll No _____

Date _____

NOTE- Not more than 30 credits Regular (R) & Repeater (RC) and 10 credits for (RWC) (Registered without class) are allowed for the semester.

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Semester - V

Sr. No	Course No	Title	Credit	R/RC /RW C/N	Signature of Teacher
1	AGRO359	Practical Crop Production-I (Kharif crops)	0+1		
2	AHDS 353	Technology of Milk and Milk Products.	1+1		
3	BOT 353	Intellectual Property Right	1+0		
4	ECON 353	Agricultural Marketing Trade and Prices	2+1		
5	ENTO 354	Pests of Crops and Stored Grain and their Management- 1	1+1		
6	GPB 355	Crop Improvement – I (Kharif Crops)	1+1		
7	HORT 354	Production Technology for Ornamental Crops, MAP and Landscaping	1+1		
8	PATH 354	Diseases of Field and Horticultural Crops and their Management	2+1		
9	SSAC 353	Manures, Fertilizers and Soil Fertility Management	2+1		
		Subtotal	11+8		
	B)	Common Courses			
10	EXTN 355	Entrepreneurship Development and Business Communication	1+1		
	C)	Elective Course (3 credits)			
11	ELE ECON 354	Agribusiness Management	2+1		
		Total		14+10=24	

Signature of Advisor _____

Signature of Student _____

Name _____

Name _____

Date _____

Enroll No _____

Date _____

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