कार्यालय संकाय अध्यक्ष, कृषि
कृषि विश्वविद्यालय जोधपुर-३४२३०४, राजस्थान
OFFICE OF THE FACULTY CHAIRMAN, AGRICULTURE
AGRICULTURE UNIVERSITY JODHPUR -342304, RAJASTHAN
Mob: +919462719465, Email: fcaujodhpur@gmail.com

आज़ादी का अमृत महोत्सव

No.F.12(1)/AU/FC/Acad./2026/ 438 Date: 26/11/2026

ADMISSION NOTICE

Applications are invited for in service candidates from Agriculture University, Jodhpur/State Agricultural University (SAUs)/ ICAR Institutes for admission in one supernumerary seat in each discipline of M.Sc. degree programme at College of Agriculture, Jodhpur and One supernumerary seat in Ph.D. in Department of Genetics and Plant Breeding, Horticulture/Vegetable Science and Agronomy under MoU with AU Jodhpur 1st semester of academic session 2026-27. Application forwarded through proper channel should reach to the Dean, College of Agriculture, Jodhpur on or before 05-12-2026. The list of selected candidates will be displayed on notice board & website on 07-12-2026. Candidates have to report along with all original documents and two sets of attested copies with prescribed fee on 14.12.2026. For more details visit our website [//www.aujodhpur.ac.in]

S. No.	Programme	Eligibility	Name of Degree Programme	No. of Seats	Display of Eligible Candidates	Provisionally Admitted Candidate Reporting in College
1.	M.Sc. Agriculture	Bachelor degree in relevant subject with 6.0/10.00 or equivalent OGPA for General and 5% relaxation for SC/ST/OBC/MBC	Agronomy	1	07-12-2026	14-12.2026
2.	M.Sc. Agriculture		Organic Farming	1		
3.	M.Sc. Agriculture		Genetics and Plant Breeding	1		
4.	M.Sc. Agriculture		Soil Science	1		
5.	M.Sc. Agriculture		Entomology	1		
6.	M.Sc. Agriculture		Agricultural Extension Education	1		
7.	M.Sc. Agriculture		Plant Pathology	1		
8.	M.Sc. Horticulture		Horticulture (Vegetable Science)	1		

9.	M.Sc. Horticulture		Horticulture (Plantation, Spices, Medicinal and Aromatic Crops)	1		
10.	Ph.D. Agriculture	Master degree in relevant subject with 6.5/10.00 or equivalent OGPA for General and 5% relaxation for SC/ST/OBC/MBC	Genetics and Plant Breeding	1	07-12-2026	14.12.2026
11.	Ph.D. Agriculture		Agronomy	1		
12.	Ph.D. Horticulture		Horticulture (Vegetable Science)	1		

Note:

1. Candidates belonging to OBC (NCL)/MBC/EWS must submit the latest caste certificate; otherwise, they have to submit an affidavit.
2. Candidates should submit their application form along with the MoU of their respective University/Institute with AU, Jodhpur.

26.11.26

Dean & Faculty Chairman

Faculty Chairman
Agriculture University
Jodhpur (Raj.)

College of Agriculture, Jodhpur
(Agriculture University, Jodhpur)

Application Form for Admission in M.Sc. (Agri./Hort) – In-Service Session 2026-27

Photo

Name of College	College of Agriculture, Jodhpur
DD No., Date, Name of Bank & Branch (Amount Rs. 1000/- in favour of Dean, College of Agriculture, Jodhpur)	
Personal Details	
Name in full (As in Secondary Certificate & in BLOCK LETTERS)	
Father's Name	
Date of Birth & Age	..... Day ..... Month..... Year Age: .....
Gender	
Mother tongue	
Nationality	
State of Domicile (valid Domicile Certificate of Rajasthan is compulsory)	
Religion	
Roll No. as per Admit Card of JET 2026	
Marks obtained and Rank in JET 2026 Exam	
Category [for OBC attach latest (not more than one year old) certificate]	

Education details of the last qualifying examination

Examination	Roll/ Enroll. No.	Year	Board/ University	Total Marks	Marks obtained	%/OGPA
10th						
10+2						
B.Sc. (Hons.) (Agri./Hort)						

(Attested/self-attested copies of marksheets and certificates of examinations passed must be enclosed.)

Are you seeking admission to the University hostel? Yes / No

Name of present employer / Department _____

Designation _____ Date of appointment _____

Whether permission / NOC from employer enclosed? Yes / No

CERTIFICATE OF PHYSICAL FITNESS

Certified that I have examined Shri/Smt./Ms.---------- son/daughter of Shri ----------
-and found that he/she is free from any disease (communicable or otherwise), constitutional weakness or bodily infirmity which would debar him/her from admission to the College/University, including residence in the hostel.

The following observations are recorded by me personally:

Height _____ Weight _____

Chest: Normal _____ Expanded _____

Marks of identification

_____

Date _____ Signature and Seal of Medical Officer

Medical Council Registration No.

_____

Note: The Medical Officer is required to examine the candidate carefully and certify medical fitness.

CERTIFICATE OF GOOD CHARACTER

Certified that Shri/Smt./Ms. _____ son/daughter of Shri _____ has been a student of this institution from the session _____ to the session _____. During this period, nothing adverse regarding his/her character has come to my knowledge.

Date: _____

Signature with seal of the Head of the Institution last attended

CERTIFICATE OF DOMICILE

On the basis of the evidence produced, it is certified that Shri/Smt./Ms. _____ son/daughter of Shri _____ is a bona fide resident of District _____ in the State of _____.

Place: _____ Signature _____

Date: _____ (Competent Authority with seal)

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I undertake that, if admitted, I shall abide by all rules, regulations and instructions issued by Agriculture University, Jodhpur, and the College of Agriculture, Jodhpur.

Date: _____ Signature of Candidate

UNDERTAKING / CERTIFICATE BY EMPLOYER

The above application is forwarded with the approval of the competent authority. It is certified that the particulars furnished by the applicant have been verified from the available records. The applicant is permitted to pursue the programme as per applicable University/Government rules.

Date: _____ Signature of Head of Office / Competent Authority

Name, Designation and Office Seal

GUARDIAN'S UNDERTAKING (if applicable)

I undertake responsibility for the conduct of my ward and for compliance with the rules and regulations of the University/College, including payment of applicable dues, wherever relevant.

Signature of Guardian _____

Signature of Witness _____

Name and Address of Witness

_____

FOR OFFICIAL USE ONLY

ADMISSION COMMITTEE

S. No.	Name	Signature
1.		
2.		
3.		

ADMISSION RECOMMENDED / NOT RECOMMENDED

ADMITTED / NOT ADMITTED

Date: _____ DEAN

College of Agriculture, Jodhpur

Agriculture University, Jodhpur

College of Agriculture, Jodhpur
(Agriculture University, Jodhpur)

Application Form **Application Form for Admission in Ph.D. (Agri./Hort) – In-Service Session 2026-27**	Photo

Name of College	College of Agriculture, Jodhpur
Application for Admission in M.Sc. (Agri.)	
Discipline and Preference	
DD No., Date, Name of Bank & Branch (Amount Rs. 1000/- in favour of Dean, College of Agriculture, Jodhpur)	
Personal Details:	
Name in full (As in Secondary Certificate & in BLOCK LETTERS)	
Father's/Guardian's Occupation	
Date of Birth & Age	..... Day ..... Month..... Year Age .....
Gender	
Mother tongue	
Nationality	
State of Domicile (valid Domicile Certificate of Rajasthan is compulsory)	
Religion	
Roll No. as per Admit Card of JET (Ph.D.) 2026	
Marks obtained in JET and Rank (Ph.D.) 2026 Exam	
Category [for OBC attach latest (not more than one year old) certificate]	

Education details of the last qualifying examination

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M.Sc. (Agri./Hort)						

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Chest: Normal _____ Expanded _____

Marks of identification

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Date _____ Signature and Seal of Medical Officer

Medical Council Registration No.

_____

Note: The Medical Officer is required to examine the candidate carefully and certify medical fitness.

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Certified that Shri/Smt./Ms. _____ son/daughter of Shri _____ has been a student of this institution from the session _____ to the session _____. During this period, nothing

adverse regarding his/her character has come to my knowledge.

Date: _____

Signature with seal of the Head of the Institution last attended

CERTIFICATE OF DOMICILE

On the basis of the evidence produced, it is certified that Shri/Smt./Ms. _____ son/daughter of Shri _____ is a bonafide resident of District _____ in the State of _____.

Place: _____ Signature

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Date: _____ (Competent Authority with seal)

DECLARATION

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I undertake that, if admitted, I shall abide by all rules, regulations and instructions issued by Agriculture University, Jodhpur, and the College of Agriculture, Jodhpur.

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Signature of Guardian _____

Signature of Witness _____

Name and Address of Witness

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ADMISSION COMMITTEE

S. No.	Name	Signature
1.		
2.		
3.		

ADMISSION RECOMMENDED / NOT RECOMMENDED

ADMITTED / NOT ADMITTED

Date: _____

DEAN

College of Agriculture, Jodhpur

Agriculture University, Jodhpur