DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY
PUSA, SAMASTIPUR, BIHAR

No. : 260/Reg./RPCAU, Pusa **Date: 16/09/2026**

ADMISSION NOTICE
(For Securing Admission through RPCAU Mop-Up Round Only)

The university is pleased to welcome all provisionally admitted students through **RPCAU Mop-Up round** to various Undergraduate degree programmes at RPCAU, Pusa, for the Academic Session 2026–27. All such students are required to report in person on **18th or 19th September 2026** at RPCAU, Pusa, Samastipur, Bihar (google map), for document verification, admission and registration.

Important instructions in this regard are as follows:

1. Student must produce all original documents for verification, which were uploaded on the portal and based on which provisional admission was granted and also listed at annexure-I.
2. A medical certificate duly issued by Civil Surgeon shall be mandatory at the time of admission in a prescribed format as per Annexure-II.
3. In case any testimonials/certificates are found improper or mismatched, the admission is liable to be cancelled or rejected. The deposited admission fee shall be refunded as per university norms.
4. The admission fee must be deposited online as per the appended prescribed fee after physical verification of documents on spot.
5. Hostel accommodation will be allotted after successful admission. Each student will be provided with a cot; however, items such as a mattress, bedsheet, pillow and bucket, etc. must be arranged by the student.
6. The mess fee, which is approximately Rs. 6600, must be deposited at the time of admission.
7. Student should come fully prepared to stay in the hostel and attend physical classes after successful registration.
8. It is mandatory to have a blazer for attending classes for UG students which shall be available on various stall for purchase.
9. The university has limited accommodation facilities for parents. Parents seeking accommodation may send a request to guesthouse@rpcau.ac.in, which will be allotted on a first-come, first-served basis. Parents may also arrange their stay in nearby cities such as Samastipur (20 km) or Muzaffarpur (30 km), both of which are well connected to RPCAU, Pusa.
10. Students are advised to bring their Academic Bank of Credits (ABC) ID at the time of physical verification. If not already created, it can be generated at www.abc.gov.in.
11. Motorbikes are strictly prohibited for students. As the RPCAU campus is widely spread, students are advised to keep a bicycle for mobility.
12. For further clarification, students may contact 6287797225/ 6287797127 between 10:00 AM and 6:00 PM.

Fee structure for different course in Rupees

SN	Programmes	GEN/EWS/OBC	SC/ST
1	UG (B.Tech. Biotechnology)	51075.00	47875.00
2	All other UG programmes	26075.00	22875.00

Accounts details:
Bank & Branch- PNB, RAU Pusa (Samastipur)
Account Name- Non-operative account, RPCAU, Pusa
Account No. 4512000100012923 IFSC- PUNB0451200

Sd/-
(P. K. Pranav)
Registrar

Annexure-I

Certificate required during the time of reporting at RPCAU, Pusa (Session 2026-27)

1. X Marksheet
2. X Certificate
3. XII Marksheet
4. XII Certificate
5. SLC/CLC/TC
6. Migration Certificate
7. E-Admit Card (Issued by NTA)
8. Rank Card issued by ICAR.
9. Computer Generated Confirmation page of online application submitted to NTA.
10. Provisional Allotment Letter issued by ICAR.
11. Provisional Admission letter issued by the University.
12. Aadhaar Card and Mobile No. attached with Aadhar to verify the credentials.
13. Domicile Certificate
14. Caste Certificate (EWS/OBC/SC/ST as per GOI Norms/In no case format of States will be allowed)
15. Character Certificate
16. Medical Fitness Certificate issued by Civil Surgeon in the given format.
17. Medical Certificate for PwD Candidates (if required)
18. Five Passport size photographs
19. 3 set photocopies of all certificates

Annexure-II

DR. RAJENDRA PRASAD CENTRAL AGRICULTURAL UNIVERSITY PUSA (SAMASTIPUR), BIHAR-848125, INDIA

Medical Fitness Form

1	Name of the candidate:	6	Sex: Male / Female:
2	Father's Name:	7	Mother's Name:
3	Village:	8	P.O.
4	P.S.	9	Distt.
5	State:	10	Pin:

Medical History Declaration

Sl. No.	Condition	Yes	No	Sl. No.	Condition	Yes	No
A)	Respiratory/ lung ailment			E)	Diabetes / High BP		
B)	Musculoskeletal disorder			F)	Epilepsy / Nervous Breakdown		
C)	Blood disorder			G)	History of stroke / Paralysis Nervous		
D)	Heart ailment			H)	Mental disorder		

We hereby declare that the particulars given above are true to the best of our knowledge and belief and nothing has been concealed. If something found incorrect at any stage, the candidature shall be liable to cancelled.

(Signature of Parents/ Guardian) (Signature of the candidate with date)

Doctor's Observation

1	BP:	Pulse:	7	CVS:	
2	Vision:	Chest:	8	Blood Group:	
3	Chest measurement:		9	Height:	Weight:
4	Identification Mark:		10	Abdomen:	

I have examined Sri /Kumari /Smt…… Aged……Years, whose signature is given above and certify that, he /she is free from deafness, defective vison (including colour vision) or any other infirmity, mental or physical, likely to interfere with the efficiency of his / her work and found him / her possessing good health.

Signature of Medical Officer: …….
Name of Medical Officer: Dr……..
Registration No……..
Seal

Photograph of the candidate to be affixed and attested by the Doctor.