



Faculty :- M.A. & M.COM (External) Semester :- _____ Fresh / Repeater

Abbreviated name of the College :- _____
(To be entered by the College office) _____

Checked by: _____

City :- _____

Date: / /20

IMPORTANT :

1. Write only **BLOCK LETTERS** to fill in required with **DARK BALL POINT/GEL PEN.**
2. Leave a Blank Space between words.
3. Last date for receipt of completed application form

HEMCHANDRACHARYA NOTH GUJARAT UNIVERSITY, PATAN

Application for admission to the **M.A. & M.COM. (External) Semester :- _____**

Examination: - _____ Students ID No. _____ Admission Fee Rs _____/-

To, The Register, Hemchandracharya North Gujarat University, Patan (N.G.) 384265 Sir, I request permission to present my self for the ensuing _____ Semester _____ Examination and remit here with the prescribed fee of Rs. _____ (including Mark sheet fees) I here by declare that since my last appearance at this examination from this college. I have not joined any other college for prosecuting studies for this examination. Place:- _____ Date :- / / 20 Signature of Students _____				To be filled in English by the College											
				Sr. No. of Applicant											
				College Code											
				Center Code											
				Appearing Whole/Part ☒ In Box 1. Whole ☐ 2. Part ☐											
				Combination Code											
				Registration No											
				Sex : 08 - Male / 09 Female ☐ Indicate Code											
1. Examination Particulars 1. **Center chosen for the _____ examination Master of _____ Semester _____ 2. Name of the College:- _____ _____ 3. Medium of Examination _____ 4. Name of the subject in which appearing at Semester _____ (Mention Subject, Elective & Subsidiary Code)				Name of the subject in which Repeater appearing at Semester - _____ (Mention Subject Elective & Subsidiary Code)											
Subject		Type	Sub.Code	Subject		Type	Sub. Code								
1				1											
2				2											
3				3											
4				4											
5				5											

2. Personal Details

(Write in English Capital Letters Only)

Surname:- _____ Name:- _____

Father's / Husband's Name:- _____ Mother's Name:- _____

Full Residential Address:- _____

Taluka:- _____ District :- _____ Pin Code:- _____

Adhar No. _____ Mobile No. _____

Category :- _____ 01. Open 02. Sc 03. ST 04. NT/DNT 05. SEBC 06. OBC 07. PH 08. Other
(Put right Code in given box i.e. 05. for SEBC)**Year & Month of Passing / Appearing at the Last Degree Examination**

Name of the Examination	Month & Year	Name of the Board / University	Seat No	Center

I hereby give an undertaking that I will not practice or resort to any unfair means directly or Indirectly nor outside the examination hall during the examination and also after it is completed, and if I am found doing so, action may be taken by the authorities of the University against me as per University's rules, norms and conventions which shall be binding up on me.

Your's Faithfully

Place:- _____

Date:- ____ / ____ / 20____

(Signature of the Candidates)

Certificate to be Signed by the Principal of the College/Head Uni. Dept. At Which the Candidate has Studied.

(1) This is to Certify that Shri /Smt. _____ after passing the _____ Examination as external candidate from _____ University in the month of _____ 20____ has kept Semester:- _____ .

M.A. & M.COM. (External)Semester _____	No. of days attended	out of Total days	Remarks: if an.ex. Students state the seat no. & year in which appeared last exam
Satisfaction Attendance Required in Appearing Exam			

From the _____

1. I further certify that, to the best of my knowledge and belief he/she is a person of good conduct and that he / she has my permission to present himself/herself at the ensuing Examination.
2. I also certify that the details filled in this for m by the student have been verified and are found correct as per the college records.
3. I also certify that he/she obtained from the University Office the Final Eligibility Certificate No. _____ date ____ / ____ /201____ It has been checked and found that code of classification filled in here in above correct as per College/University Department's records.

Date :- ____ / ____ / 20____

Place:- _____

Signature of Principal/Head of Centre
Name & Stamp of Centre