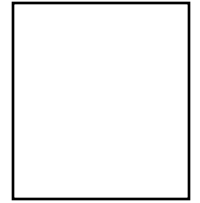


Faculty \_\_\_\_\_

Sem \_\_\_\_\_

Abbreviated name of the College :

(To be entered by the College office) \_\_\_\_\_ City \_\_\_\_\_



**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 NORTH GUJARAT UNIVERSITY

APPLICATION FOR ADMISSION TO THE \_\_\_\_\_ -Sem- \_\_\_\_\_

EXAMINATION JUNE / DECEMBER, 20\_\_\_\_ Student's ID.No \_\_\_\_\_ Roll No. \_\_\_\_\_ Admission fee Rs. \_\_\_\_\_

To,  
The Registrar,  
Hemchandracharya North Gujarat University,  
PATAN (N.G.) 384 265.

**To be filled in English by the college**

Sr. No. of Applicant \_\_\_\_\_ 1 \_\_\_\_\_

Sir,  
  
I request permission to present my self for the ensuing  
\_\_\_\_\_ Sem- \_\_\_\_\_ Examination and remit here  
with the prescribed fee of Rs. \_\_\_\_\_ (including Marksheet fees.)

College Code \_\_\_\_\_

Center Code \_\_\_\_\_

I hereby 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.

Appearing whole Part  in Box  
1 Whole 2 Part

Place : \_\_\_\_\_  
Date : \_\_\_\_\_ Signature of Students \_\_\_\_\_

Combination Code : \_\_\_\_\_

### 1. EXAMINATION PARTICULARS

Enrollment No \_\_\_\_\_

Sex :  1 Male 2 Female

1. \*\* Centre chosen for the \_\_\_\_\_ examination \_\_\_\_\_
2. Name of the College \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_
3. Medium of Examination \_\_\_\_\_
4. Name of the subject in which appearing (Mention Subject, Elect.&Sub.Code)

**Write the subjects  
in which Repeater appearing in part**

	Subject	Type	Sub.Code
(1)	_____		
(2)	_____		
(3)	_____		
(4)	_____		
(5)	_____		
(6)	_____		
(7)	_____		
(8)	_____		
(9)	_____		

	Subject	Type	Sub.Code
1			
2			
3			
4			
5			
6			
7			
8			
9			

**2. PERSONAL DETAILS**  
(WRITE IN ENGLISH CAPITAL LETTERS ONLY)

Surname : \_\_\_\_\_ Name : \_\_\_\_\_  
 Father's /Husband's Name : \_\_\_\_\_ Mother's Name : \_\_\_\_\_  
 Full Resident Address : \_\_\_\_\_  
 City : \_\_\_\_\_ Mobile \_\_\_\_\_  
 Ta. \_\_\_\_\_ Dist : \_\_\_\_\_ Pin : \_\_\_\_\_  
 Category :  1. Open 2. SC 3. ST 4. NT/DNT 5. SEBC 6. OBC 7. PH 8. Other

**Year & Month of Passing the Last Degree Examination**

NAME OF EXAMINATION	MONTH & YEAR	NAME OF THE UNIVERSITY/Board	SEAT NO.	CENTER
/				

I hereby give an undertaking that I will not practise or resort to any unfair means directly or indirectly in or outside the examination hall during the examination and also after it is completed and if I am found doing so, action as may be taken by the authorities of the University against me as per University's rules, norms and conventions shall be binding upon me.

Yours faithfully,

Place : \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Candidates)

**CERTIFICATE TO BE SIGNED BY THE PRINCIPAL OF THE COLLEGE/HEAD UNI. DEPT. AT WHICH THE CANDIDATE HAS STUDIED.**

(1) I Certify that Shri / Kum. / Smt. \_\_\_\_\_ after passing the \_\_\_\_\_ Examination from \_\_\_\_\_ University in the month of \_\_\_\_\_ 20 \_\_\_\_\_ has kept SEM \_\_\_\_\_ in my college by attending for the number of days specified below and by completing to my satisfaction prescribed course of study for \_\_\_\_\_ Examination

Semester	No. of days attended	Out of Total days	Remarks : If an. ex. student state the Seat No. & Year in which appeared last
_____	_____	_____	_____

Satisfaction Attendance Required in Appearing Exam: \_\_\_\_\_

From the \_\_\_\_\_

- The attendance report for the \_\_\_\_\_ term will be sent to the University by the end of \_\_\_\_\_ term
- 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.
- I also certify that the details filled in this form by the student have been verified and are found correct as per the college records.  
I also certify that he/she obtained from the University Office the Final Eligibility Certificate No. \_\_\_\_\_ date \_\_\_\_\_ it has been checked and found that code of classification filled in herein above correct as per college/University Department's records.

Place : \_\_\_\_\_

Signature of Principal/Head Of Department \_\_\_\_\_

Date : \_\_\_\_\_

Name & Stamp of College/Department \_\_\_\_\_