Rs. 5/-

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY, NANDED

Form No.

Application Form for ..... YEAR Examination to be held in Mar.-Apr.200____

(New Course) Oct.-Nov.200_____

IMPORTANT INSTRUCTIONS : ❑This from will be computer scanned. ❑ Please fill the form neatly with **DARK BLACK PEN** in **CAPITAL LETTERS** only. ❑ Do not use RED PEN. ❑ Do not use photocopy of this form. ❑ Do not told this form. ❑ Do not make any stray markes on the form. ❑ Write one letter in each box.

1. FACULTY (1 = BA, 2 = B.Com., 3 = B.Sc.)

2. NAME OF THE COLLEGE

3. COLLEGE CODE

4. ELIGIBILITY NUMBER

5. SURNAME

NAME

FATHER/ HUSBAND'S NAME

MOTHER'S NAME

6. COMPLETE POSTAL ADDRESS OF THE CANDIDATE'

7. PHYSICALLY HANDICAPPED (1 = YES, 2 = NO) **8. BLIND** (1 = YES, 2 = NO) **9. SEX** (1 = MALE, 2 = FEMALE) **10. CASTE** (1 = SC, 2 = ST, 3 = NT1, 4 = NT2, 5 = NT3, 6 = VJ, 7 = OBC, 8 = SBC, 9 = OTHER)

11. DETAILS OF PREVIOUS EXAMINATION

NAME OF EXAM	SEAT NUMBER	MONTH & YEAR	COLLEGE	UNIVERSITY / BOARD	RESULT

Important : Attested xerox copy of the statement of marks must be submitted in support of column No. 11

12. APPEARING SUBJECTS (Paper wise codes of appearing OPTIONAL SUBJECTS)

SUBJECT	PAPER CODE	SUBJECT	PAPER CODE
COMPULSORY ENGLISH		OPT.7.	
S. L.		8.	
OPT.1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	

OFFICE USE ONLY

This is to certify that above applicant has submitted the required documents and necessary fees as per the University rules. He/She has completed the required attendance as per the University rules.

College Receipt No. **Date :**

College Clerk **Supdt.** **Seal & Signature of the principal**

Applicant's Signature