DR. B. R. AMBEDKAR UNIVERSITY , AGRA

APPLICATION FORM FOR ADMISSION-2015-16

For New Course

Details of Bank Draft: (Write Your Name & Course Name at the back of Demand Draft)

Draft No.							Date :					2	0	1	5

Amount Rs.				Name of Bank :

Name of Course : ……..……

Name of Department ……

Affix Recent Photograph

	V	**H**
Category Code :		

Caste :

V Category Code : Gen. 01 OBC : 02 SC: 03 ST : 04

H Category Code : Ward of Freedom Fighter- 05 Female Candidate: 06 Physically Handicapped: 07

Name of Applicant : (in capital letters only)

Father's Name :

Mother's Name :

Date of Birth : **Date :** **Month :** **Year :**

Permanent Address: (Do not repeat name)

_____

_____ **Teh./City**_____ **Distt.** _____

Pin Code :_____ **State :** _____ **Mob. No.**_____

Landline No. (+STD Code) _____ **E-mail :** _____

Academic Record :

Passed Examination	Name of Exam.	Examining Body	Year	Grade/ Division	Marks Secured	% of Marks	Subject
1. High School							
2. Intermediate/Higher Secondary							
3. Bachelor's Degree*							
4. Master Degree*							

DECLARATION

I ……solemnly declare that the above mentioned information is correct to the best of my knowledge and belief. I understand, that if any information given by me is found to be incorrect/incomplete/false my candidature/admission is liable to be canceled.

(Signature of Guardian) Date :……. (Signature of the Applicant)

DR. B. R. AMBEDKAR UNIVERSITY , AGRA

ATTENDANCE SHEET

ENTRANCE TEST – 2015-16

For New Course

Roll No. : ……

Centre Allotted : ……..

Name of Course : ……..…….

Name of Department ……

Affix Recent Photograph

	V	H
Category Code :		

Name of Applicant : (in capital letters only)

Father's Name :

Mother's Name :

Address for correspondence: (Do not repeat name)

City :_____ **District/Tehsil** _____

Pin Code :_____ **State :** _____ **Mob. No.**_____

Landline No. (+STD Code) _____ **E-mail :** _____

(Signature of Coordinator) **(Signature of Candidate)**

DR. B. R. AMBEDKAR UNIVERSITY , AGRA

ADMIT CARD

ENTRANCE TEST – 2015-16

For New Course

Affix Recent Photograph

Roll No. : ……

Centre Allotted : ……..

Name of Course : ……..…….

Name of Department ……

	V	H
Category Code :		

Name of Applicant : (in capital letters only)

Father's Name :

Mother's Name :

Permanent Address: (Do not repeat name)

_____

City :_____ **Teh.** _____

Distt._____ **State :** _____ **Pin Code :**_____

Mob. No._____ **Landline No. (+STD Code)** _____

E-mail : _____

(Signature of Coordinator) **(Signature of Candidate)**

(To be filled by the candidate)

To,

Sri,/Km. Smt. ……..

……..

……..

……..

From :
The Coordinator
Entrance Test – 2015-16 (RW)
Deptt. of Botany, School of Life Sciences,
Dr. B.R. Ambedkar University,
Khandari Campus, Agra 282002