		xaminatio	n From	tor IVI.A.		Rs.10/-	
Form No.	Application Forn	NAND TEERTH MA n for MA rch/April-Oct./Nov.		Exa	mination	Subject	
IMPORTANT IN	ISTRUCTIONS : L	This form will be (Computer sacnr	ed 🗆 Please fill	the form		
- 25		CAPITAL LETTERS ot fold this form D			The state of the s	/I.A. 2nd yr (Sem)	
2. NAME OF T	HE COLLEGE					3. COLLEFE CODE	
4. ELIGIRILIT	YNUMBER						
5. SURNAME							
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FATHER/	NAME TO						
HUSBAND'S							
6. COMPLETE POSTAL ADRESS OF THE CANDIDATE 7. PHYSICALLY HANDICAPPED 8. BLIND							
6. COMPLETE POSTAL ADRESS OF THE CANDIDATE 7. PTT SIGALLI TIANDIGA.						1= Yes	
				2= No		2= No	
-		_ PIN		9. Caste		10. Sex	
				1= SC	4 = NT2 7 = 0	OBC1= Male	
STD CODE		E NUMBER / MOBI	JL JL JL LE NUMBER	2= ST 3 = NT1	5 = NT3 8 = 5 1 6 = VJ 9 = 0	SBC 2= Female	
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OFFICE USE ONLY							
This is certify that the above applicant has submitted the required documents and necessary fees as per the University Rules							
	College Receipt No. Date :						
College Receip	t No.	Date :			-	pplicant's Signature	