

Guru Ghasidas Vishwavidyalaya, Bilaspur

(A Central University Established by the Central University Act 2009 No. 25 of 2009)
(NAAC Accredited A++ Grade)

Application for Enrollment

ο,					
	Registrar,				
	Guru Ghasidas Vishwavidyalaya,				
	Bilaspur (C.G.)				
r,					
	With due respect, I want to get myse this University. For this I am submit Migration Certificate (Or T.C. must I self-attested copies of all education, Transaction	tting all the rebe countersignal documents	equirements as p ned by District I and enrollment	rescribe Educatio Fee thr	d by the University such as origina n authority for UP candidate only ough Name of Bank
	Enrollment Fee Rs.300=00 Late Fee Rs. 50=00 Per month				nent No. – ven by University)
	Note: Incomplete and unsigned forms] s shall be rejec	ted summarily.		
1.	Name of the Program*				
2.	Subject/Discipline*:			•••••	
3.	(a) Category* (UR/SC/ST/OBC/EWS/P\	WD/Others)			7
	(b) Sub Category, if PWD				_
4.	VET/VRET Details: Roll No	Applic	ation Id		Marks Obtained
5.	Candidate Name* (In CAPITAL Letters):				
	,				
_	, ,				
	Father's Name*:	N			
7.	Gender*: MALE Female	e	Transgender		8. Blood group
9.	Nationality: Indian Other	Name	e of the Country:		
10	. Religion:		l1. Aadhar Numb	er:	
12	. ABC ID*:	 1	.3. Date of Admis	sion	(dd/mm/yyyy)
14	. Date of Birth*:(Y	/YYY/mm/dd)	Place of Birth:		State:
	. Address*	, , ,			
13	a) PERMANENT ADDRESS		b) CORRESP	ONDEN	CE ADDRESS
		•••••			
	Tel. No				
	1 IPI INO				

Email

Examination Passed	Board/University	Year of	% of Marks /	Subjects Studied and	
		Passing	CGPA	Passed	
Matric					
Inter/ SSC/ 10+2					
Graduation					
Post-Graduation					
NET/JRF/SLET/GATE / M. Phil/ VRET					
Type of exemption (if a emnly affirm that the imation in this form is form is form.	nts Admission through: iny): (NET/JRF/M. Phil/SLE UNDERTAKING BY T information furnished ab- ound to be false or inco- comatic cancellation of my	Tetc.) THE CANDITION TO SET THE CANDITION THE C	DATE and correct in time (during	n all respects. In case or after completion of	any the
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n fit. Place: Date				Signature of the Candi	date
Place:	FOR THE USE O	F UNIVERS	SITY OFFICE	Signature of the Candi	date
Place: Date	FOR THE USE O				
Place: Date I have seen and care		documents	on the basis	of which admission h	nas bee
Place: Date I have seen and care iven. I attest that he/s	fully examined all the	documents	on the basis	of which admission h	nas bee
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Place: Date I have seen and care iven. I attest that he/s een admitted in the Department of the University.	fully examined all the he is eligible for admis partment on	documents sion to	on the basis	of which admission hclass. The studend his/her for the end HOD Seal and Signature)	nas bee