



North Maharashtra University, Jalgaon

Application form for Exam. to be held in _____

Name of the College : _____ College Code :

Course Name:- _____

Name of the Student : _____ M/N : _____

Prev. Exam. Seat. No. : Month _____ Year _____

P.R.N.:

Gender: Male Female Category: OPEN SC ST VJ/NT OBC SBC

Address for Correspondence : _____

Email Id. _____ Phone/Mob. No. _____

To,
The Controller of Examinations,

North Maharashtra University, Jalgaon
Sir,

Form No. :

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. I wish to appear for the following Subjects.

Write down carefully below the name of subject with computer code which you desire to appear

Sr. No.	Year/Sem. /Part	Subject Code	Name of Subject	Name of Paper	CA	UA
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>

Exam. Fee Details : Exam. Form Fee. – _____, M.S. Fee.- _____ CAP Fee - _____ Other Fees- _____
Exam. Fee - _____, Late Fee- _____ Total Fee – _____

Place: _____ Date: _____ Student's Signature _____

Amount Received : _____ Date : _____ College Staff Signature _____

Declaration by Principal: This form is carefully scrutinized by the College/Institute staff and by me. The information written in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular/ repeater student of this college and has completed the required attendance and practical course/term work(if any) according to university rules.

Place :

Date :

Seal and Signature of Principal/Director