

APPLICATION FORM

INSTRUCTIONS

1. Form should be filled in Block Capital Letters in English Language with Blue Ink only by the Applicant.
2. Incomplete application will be rejected without any further communication.
3. Filling up of Application form does not guarantee the acceptance of request for admission.

(for Office use only)

Enrollment No. _____

COURSE APPLIED FOR _____

SPECIALIZATION _____

SESSION : 20 _____

YEAR 1/2/3/4 Appearing in Examination

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic	July / Winter	October / Calendar	January / Summer
			April

Credit Transfer
Lateral Entry

(As entered in Secondary / Senior Secondary Certificate)

NAME OF APPLICANT _____

GENDER Male Female Others

DATE OF BIRTH DD MM YY

Paste passport size photograph of applicant.
Do not use pin or stapler.
Enclose 2 identical photographs along with the Application Form

FATHER'S NAME _____

FATHER'S OCCUPATION _____

MOTHER'S NAME _____

MOTHER'S OCCUPATION _____

NATIONALITY INDIAN OTHERS (specify the name of the country) _____

PASSPORT NO. _____ **VALID UPTO** _____ **VISA DETAILS IN INDIA** _____

(For Foreign Candidates Only)

SOCIAL STATUS GENERAL SC ST OBC PHYSICALLY HANDICAPPED MINORITY COMMUNITY

EMPLOYMENT GOVT. EMPLOYEE PVT. EMPLOYEE SELF EMPLOYED UNEMPLOYED OTHERS

PERMANENT ADDRESS _____

_____ PIN CODE _____

CITY _____ STATE _____ STD CODE _____

PH. NO. _____ MOB. NO. _____

e-mail _____

MAILING ADDRESS _____

_____ PIN CODE _____

CITY _____ STATE _____ STD CODE _____

PH. NO. _____ MOB. NO. _____

e-mail _____

Any change in address should be immediately communicated to the University

HAVE YOU EVER BEEN DEBARRED BY ANY UNIVERSITY / BOARD ? NO YES

If yes, then attach the details of the same.

Signature of the Applicant

Academic Details (enclose duly attested true photocopies of the originals)

S.No.	Name of Examination	Roll No	Year / Semester	Name of University / Institution / Board	Pass / Fail

Work Experience Details (Furnish Latest three details)

S.No.	Name and Address of the Organization	Total Experience in Years

DECLARATION BY THE APPLICANT

I hereby declare that aforementioned information and enclosed documents above are true and complete to the best of my knowledge and belief. I have read and understood the rules, regulation and eligibility conditions of the University. I shall submit any other document(s) that may be required by the University in future. I also agree that the University is empowered to cancel my candidature / admission, forego the fee deposited and also the claim for admission, if any information furnished by me is found to be incorrect, misleading or counterfeited. I further declare that the attested photocopies of the certificates submitted by me at the time of admission are the true copies of the originals.

Place & Date :

Signature of the Applicant

DECLARATION BY THE APPLICANT IN CASE OF CREDIT TRANSFER / LATERAL ENTRY

I hereby declare that I have already completed the formalities for year(s) of (Course Titled)
..... from..... and agree to appear inyear(s) of examinations
and also previous years' mismatched paper, if any.

Place & Date :

Signature of the Applicant



Enrollment No.

EXAMINATION FORM

COURSE APPLIED FOR _____

SPECIALIZATION _____

NAME OF APPLICANT _____

(As entered in Secondary / Senior Secondary Certificate)

GENDER Male Female Others

EXAMINATION CENTRE PREFERENCE _____

Paste passport size
photograph
of applicant.
Do not use pin or stapler.

Signature of Applicant

Subjects required to be appeared for by the applicant in the applied course :

S No.	Year	Name of the subject(s) / credit(s) to be evaluated
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		

Applicant is required to fill the following, in case of credit transfer or lateral entry.

**Applicant hereby agrees to appear in all the subjects / credits
in which equivalence is not granted by the Arunachal University Of Studies**

TO BE FILLED BY THE APPLICANT		TO BE FILLED BY THE VERIFYING AUTHORITY	
Year	Details of previously Passed Subject/ Earned Credits	Subjects/ Credits of Arunachal University at the same level	Equivalence granted/ Not granted

(For Office use only)

Subjects required to be cleared by the applicant in addition to the normal course in which admitted :

S No.	Year	Name of the additional subject(s)/ credit(s) to be evaluated
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		

Declaration by the Applicant

I hereby declare that I have completed all the academic and all other requirements in order to appear in examination of the university as a regular student. I have gone through all the rules and regulations. I further declare that the aforementioned details and the enclosed documents submitted by me to the university are all genuine and true copies of the originals and I shall be fully responsible if any of the details furnished by me are found to be counterfeited or incorrect. I also agree that the University is empowered to cancel my candidature / evaluation and to revoke previously issued statement of marks / degree / diploma/ certificate or to take any appropriate action(s) including legal action(s) against me at any stage, if any information furnished by me is found to be incorrect, misleading or counterfeited. Dispute(s), if any, shall be subject to Namsai, Arunachal Pradesh's Jurisdiction only.

Date: ___/___/___ (DD/MM/YY)

Signature of Applicant