## PROVISIONAL ADMISSION FORM

| Gender  | 0.   |   |                                |   |
|---|--|---|--------------------------------|---|
| Category  | ~  |   |                                |   |
|   |  | Managemen   |                                | <u> </u>  |
| Name (In Block Letter)  |  |   |                                |   |
| Fater's Name (In Block  | Letter)  |   |                                |   |
| Mother's Name (In Blo   | ck Letter)   |   |                                | Paste Recent  |
| Residential Address   |  |   |                                | Photograph<br>Here  |
| Tel. No (Resi. With STI   | O Code)  |   |                                |   |
| Mobile & e-mail ID (St  | udent)   |   |                                |   |
| Mobile & e-mail ID (Fa  | ther)  |   |                                |   |
| Date of Birth   |  |   |                                |   |
| Class   | Session  | Marta Obtained  | Max. Marks                     | DIV (0/)  |
| Class<br>10 <sup>th</sup> (Matric)  | Session  | Marks Obtained  | Max. Marks                     | Result (%age)   |
| 10+2 (Sr. Secondary)  |  |   |                                |   |
| Graduation  |  |   |                                |   |
| Post Graduation   |  |   |                                |   |
| and that in case of an responsible for the cons NOTE: PHOTOCOPIE APPLICATION FORM | y discrepancy<br>equences arisin<br>S OF THE DE<br>L.<br>at my admissi | ng out there from.  TAIL MARK CARI  on to LL.B 1 <sup>st</sup> Year | O MUST BE ATT  is purely on pr | tage, I shall be sole  ACHED WITH TH  ovisional basis and |
| subject to the furnimen   | t of the require   | ements of the Univers   |                                |   |
|   |  |   | Signature                      | of the Student  |
| Admitted, allowed to de   | posit fee today  |   |                                |   |
|   |  |   |                                |   |
| Director  |  |   |                                |   |

| Serial 1 | No. |  | 2 | 7 | 5 | 03 |
|----------|-----|--|---|---|---|----|
|----------|-----|--|---|---|---|----|



| Roll | No       | <br> |
|------|----------|------|
|      | assigned |      |

## MAHARSHI DAYANAND UNIVERSITY ROHTAK

## **Application Form for Admission**

| Course applied for : |   |                                 | De              | Department/Institute |                   |                 |  |               |
|----------------------|---|---------------------------------|-----------------|----------------------|-------------------|-----------------|--|---------------|
| 1.                   | Candidate's Name:(Capitals)   |                                 |                 |                      |                   |                 |  |               |
| 2,                   | Gender: Male Female   |                                 |                 |                      |                   | Candida         | ite's Photo                            |               |
| 3.                   | Nationality: NRI Indian Others If Status NRI or Others (Attach Documents) |                                 |                 |                      |                   |                 |  |               |
| 4.                   | Father's Name   | e(Capitals):                    |                 |                      |                   | - L             |  |               |
| 5.                   | Mother's Nam  | ne (Capitals):                  |                 |                      |                   |                 |  | *             |
| 6.                   | Annual Incom  | ne of Parents:                  | .,              |                      |                   |                 |  |               |
| 7.                   | Guardian Nan  | ne (If other than Father):      |                 |                      |                   |                 |  |               |
| 8.                   | University Re   | gistration Number, If Any:      |                 |                      |                   |                 | 9                                      |               |
| 9.                   | Date of Birth   |                                 |                 | s per Matricul       | ation or Equ      | ivalent Mark Sl | neet)                                  |               |
| 10.                  | Address for C   | dd mm yyy orrespondence:        | *               |                      |                   |                 |  |               |
| 10.                  | 714410351010  | at 17                           |                 |                      |                   |                 |  |               |
|                      | 10.1 City   |                                 |                 |                      |                   |                 |  |               |
|                      | -   | le                              |                 |                      |                   | Country         |  |               |
| 11.                  |   |                                 |                 |                      |                   |                 |  | £.            |
| 12.                  |   |                                 |                 |                      |                   |                 |  |               |
| 13.                  | Category:   | GEN SC                          | ВСА             | - 2                  |                   | ogo) PH         |  | PH (HI)       |
| 15.                  | Category.   | ESM/FF. FFC                     | □ 5BC           |                      |                   | (ogo) [111      | (Dillia)                               |               |
| 14.                  | Domicile:   | Haryana                         | Oth             | ners                 |                   |                 |  |               |
| 15.                  | Details of Ou   | alifying Examination(s):        |                 |                      |                   |                 |  |               |
|                      | am Passed   | University/Board                | Year of passing | Maximum<br>Marks     | Marks<br>Obtained | Subject         | ************************************** | % of<br>Marks |
|                      | 9 a *   |                                 |                 | 8                    |                   |                 |  |               |
|                      |   |                                 |                 |                      |                   |                 |  |               |
|                      | 18  |                                 |                 |                      |                   |                 |  | er .          |
|                      |   | *                               |                 |                      |                   |                 |  |               |
|                      |   | (                               | OMPLE           | ll a                 |                   |                 | ,                                      |               |
| (Orig                | ginal Certificate   | es need to be produced at the t | ime of Coun     | seling)              | 1.                | a               |  |               |
|                      |   |                                 |                 | -41                  | COPY              |                 |  |               |
|                      |   |                                 |                 |                      |                   |                 |  |               |

| 16.       | Have You ever been Disqualified  | (YES/NO)   |
|-----------|--|--|
|           | (if Yes Attach Proof)  |  |
| 17.       | Gap Year(s) if any:<br>(Attach Affidavit)  | (YES/NO)   |
| 18.       | Are You Employed at Present: (if Yes Attach Proof)   | (YES/NO)   |
| 19.       | Whether applying for Hostel:   | (YES/NO)   |
| 20.       | Fee Details:   |  |
|           | University receipt No.   | Date   |
|           | DD Number  | Date   |
|           | Bank's Name  | Code   |
| 21.       | Whether applying for:  |  |
|           |  |  |
|           | Kashmiri Migrants Sports Quota NRI (Attached Documents)  | Cultural Activities Other                                    |
| 22.       | Total Weight age Claimed (If any): Marks   |  |
| Las Las « | (Certificates need to be produced at the time of Counseling)   |  |
|           | (Community)  |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           | Date:  | (Candidate's Signature)                                      |
|           | Place:   |  |
|           |  |  |
|           |  |  |
|           |  |  |
|           |  | 2.7  |
|           | DECLARATION:   |  |
|           |  |  |
| false     | ified that the above information furnished by me is true and correct. If at an<br>, then I shall be responsible and the University is free to take any action agai   | y stage any of the above information is found to be inst me. |
|           |  |  |
| (Sim      | nature of the Father/Guardian)   | (Candidate's Signature)                                      |
| (2181     | THE PARTY OF THE P | (Candidate's Signature)                                      |