

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD
DEPARTMENT OF SANSKRIT

Application form for the Entrance test for the Admission of M.A Sanskrit Course



Sir,

I Would like to appear for the Entrance Test to be conducted the Department of sanskrit , Dr. Babasaheb Ambedkar Marathwada University, Aurangabad for M.A. course for the Academic Year 2016-17.

1)

Name	Middle Name	Surname
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2) Applying for – (Please Tick Mark) M.A.

3) Male / Female : _____

4) Date of Birth : _____

5) Category : _____

6) Caste : _____

7) Physically Handicap (Please Tick Mark) : Yes / No

8) Nationality: _____

9) Address for Correspondence: _____

10) Contact No. : _____ E-mail _____

11) DETAILS OF PREVIOUS EXAMINATION PASSED.

Name of Examination	Marks Obtained	Maximum Marks	Percentage of Marks	Name of the University	Year of Passing
SSC					
HSC					
B.A.					
M.A.					

I hereby declare that the information given by me is true to the best of my knowledge.

Encl: Necessary documents.

Date : _____

Place : _____

Signature of Candidate _____