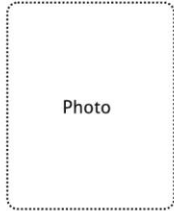




**Dr. Babasaheb Ambedkar Marathwada University,**

**Aurangabad/ Sub Campus, Osmanabad**



**Admission Form**

**For Academic Year 2016- 17**

Admission for Subject  Semester

Class	Mark Obtained	Maximum Marks	Percentage
Total Marks Secured in the subject applied at U.G. Level (for Ex B.A., B.Sc., B.Com., LL.B. (etc))			
Total Marks Secured at U.G. Level (for Ex B.A., B.Sc., B.Com. etc). (Total of Three Year)			
Marks / Grade Secured at Previous P.G. Level Examination			
Department Remarks (Number of Attempts)	Corrected Mark's		
Official Remarks of P.G. Section/ Admission Category	MKCL PRN No.:		

**Academic Year 2016- 17**

Name of the Student (In Capital Letters)

Gender :  Male or  Female

Title: Mr. / Miss / Mrs.  
Please tick (✓) as applicable

Surname

Name

Father's / Husband's Name

Mother's Name

Nationality

Religion

State

Caste SC  ST  DNT  NT-1  NT-2  NT-3  SBC  OBC  Open

Sub Caste  Physically Handicap  Yes  No  Minority  Yes  No

Date of Birth  Birth Place

Last Degree Obtained  Passport No. (Foreign Student)

Date of Passing  Visa No. (Foreign Student)

Any Professional Course Completed (If yes specify)  Yes  No  AADHAR Card No. (Indian Student)

Scholarship Received

Last College / Institute Name :

Last University Name :

Last Education from which State :

Correspondence Address : H. No. :  Permanent Address : H. No. :

Tq.:  District :  Tq.:  District :

State :  Mob. No. :  State :  Mob. No. :

E-mail :  E-mail :



# Dr. Babasaheb Ambedkar Marathwada University,

**Aurangabad/ Sub Campus, Osmanabad**

## **Application Form For Admission**

To,  
The Director,  
Dr. Babasaheb Ambedkar  
Marathwada University,  
Aurangabad / Sub Campus, Osmanabad.

**Subject :** Application for the subject .....  
for semester ..... in department of .....  
for Academic Year 2016- 17.

Sir,

I am applying for admission as a regular student as above mentioned subject. Through this form I declare that, the information given is true to the best of my knowledge. In case I am finally admitted to the said course, I undertake the responsibility to submit all required documents in original, along with testimonials there of immediately, I shall also appear to any academic test that will be prescribed by the university.

I am assure that I will strictly observe the university rules of discipline and required by me as student. I am aware that the university is free to initiate suitable action deemed fit, if any false information is found in my form or I fail to observe the rules.

I agree if I fail to attend 75% of the periods conducted in department, I should not be allowed to appear for the semester examination.

Place :

Yours faithfully,

Date :

Signature .....

Name .....

Attested photo copies to be submitted along with this form.

1. Photo copies of Degree Marks Memos.
2. Domicile Certificate attested photo copy.
3. Caste Certificate attested photo copy.
4. Physical Handicap attested photo copy.
5. Transfer Certificate original copy & photo copy.
6. Eligibility Certificate original (if candidate migrating from other university / Board)
7. Other necessary documents (which are necessary for admission)