

## BHATTADEV UNIVERSITY, ASSAM

## **Application Form**

Postgraduate Programme, 2024-25

Affix a photo

सा विद्या या विमुक्तये														
For office use only														
Documents <b>verified</b> and <b>admitted</b> provisionally to the <b>MA/MSc/MCom</b> programme in														
bearing Roll Number on date/														
Signature with date														
Personal Details:														
1. Name:														
2. Programme Applied for: <i>Masters in</i>														
3. Category: UR OBC/MOBC SC ST(P) ST(H) UR-EWS EC														
4. Gender: Male Chease tick whichever is applicable)														
5. Date of Birth: ( <i>dd/mm/yyyy</i> ):/														
6. Nationality:														
7. Religion:														
8. Domicile State:														
9. Contact No.														
10. Email id:														
11. Aadhaar No.:														
Parent's Details:														
1. Mother's Name:														
2. Mother's Education Qualification: ( <i>Please tick whichever is applicable</i> )														
Matriculation 12 <sup>th</sup> Pass Undergraduate Postgraduate Doctorate Other														
3. Mother's Occupation: ( <i>Please tick whichever is applicable</i> )														
Govt. Employee Private Employee Business House Wife														
4. Father's Name:														
5. Father's Education Qualification: ( <i>Please tick whichever is applicable</i> )														
Matriculation 12 <sup>th</sup> Pass Undergraduate Postgraduate Doctorate Other														
6. Father's Occupation: ( <i>Please tick whichever is applicable</i> )														
Govt. Employee Private Employee Business House Wife														
7. Local Gurdian's Name:														
8. Local Gurdian's Contact No.														
9. Local Gurdian's Address:														

Present Address Details:																							
1. Address Line:																							
2. Police Station:																							
3. Post Office:																				T			
4. District:													5. S	tate	: [				T				
6. Parent's Contact No.																							
Bank Account Details:																							
1. Account Holder Name:																							
2. Account Type:		Sav	ings	s		c	urı	rent					(P	Pleas	se ti	ck v	whic	che	ver	is a <sub>j</sub>	pplic	cabl	le)
3. Bank Name:																							
4. Branch Name:																							
5. IFSC Code:																							
6. MICR Code:																							
Particulars of Examination 1	Passed:																						
1. Name of the Institution last a																							
2. Name of the University:																							
3. Roll No. (In the last exam):																				T			
4. % of Marks/ CGPA Obtained	l:						or			Re	esult	s A	wai	vaited									
5. Year of Passing:		or Results Awaited									(	(tick if applicable)											
Declaration by the Candidate  I do hereby declare that the information stated above are true to the best of my knowledge and belief. In case of any false statement, I am liable to any action the University authority may deem fit and proper.														In									
Date:			J							5			5	J						•			
Place:																Sig	nat	ure	of t	:he	Can	did	ate
	Do	cum	nent	ts to	be	e A	ttad	che	d w	ith	this	s Fo	orm	 1									
1. SBI Collect Payment Slip of Rs. 500/- Note													. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
1. Submit this applica Entrance Test.	tion for	m to	the	e Of	ffice	e of	f th	e C	ont	roll	er o	f E	xan	nina	tioı	1S C	n tl	he (	lay	<sup>7</sup> of	f th	e	
2. <b>Keep</b> on visiting the 3. For any query drop I																		\ \ \		• • •		  	• • •