

**Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon**

Application form for Exam. to be held in \_\_\_\_\_

Name of the College : **Kisan Arts Commerce and Science College Parola** College Code : **190040**

Course Name:- \_\_\_\_\_

Name of the Student : \_\_\_\_\_ M/N : \_\_\_\_\_

Prev. Exam. Seat. No. :       Month \_\_\_\_\_ Year \_\_\_\_\_P.R.N.:                     Gender: Male  Female  Category: OPEN  SC  ST  VJ/NT  OBC  SBC 

Address for Correspondence : \_\_\_\_\_

Email Id. \_\_\_\_\_ Phone/Mob. No. \_\_\_\_\_

To,  
The Director,  
KBC NMU JalgaonForm No. :   

Sir,

I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected. I wish to appear for the following Subjects.

Write down carefully below the name of subject with computer code which you desire to appear

Sr. No.	Class	SEM	Paper Code	Name of Paper	CA	UA
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>
5					<input type="checkbox"/>	<input type="checkbox"/>
6					<input type="checkbox"/>	<input type="checkbox"/>
7					<input type="checkbox"/>	<input type="checkbox"/>
8					<input type="checkbox"/>	<input type="checkbox"/>
9					<input type="checkbox"/>	<input type="checkbox"/>
10					<input type="checkbox"/>	<input type="checkbox"/>
11					<input type="checkbox"/>	<input type="checkbox"/>
12					<input type="checkbox"/>	<input type="checkbox"/>
13					<input type="checkbox"/>	<input type="checkbox"/>

Exam. Fee Details : Exam. Form Fee. – \_\_\_\_\_ ,M.S. Fee.- \_\_\_\_\_ CAP Fee - \_\_\_\_\_ Other Fees- \_\_\_\_\_  
Exam. Fee - \_\_\_\_\_ ,Late Fee- \_\_\_\_\_ Total Fee – \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Student's Signature \_\_\_\_\_

Amount Received : \_\_\_\_\_ Date : \_\_\_\_\_ College Staff Signature \_\_\_\_\_

**Declaration by Principal:** This form is carefully scrutinized by the College/Institute staff and by me. The information written in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/rectification of the information. He/she is regular/ repeater student of this college and has completed the required attendance and practical course/term work(if any) according to university rules.

Place :

Date :

Seal and Signature of Principal/Director