

FACULTY OF EDUCATION MAULANA AZAD UNIVERSITY

Campus: Village – Bujhawer, Tehsil Luni, District – Jodhpur (Raj) Correspondence : Kamla Nehru Nagar, Jodhpur-342008 (Raj)

	N	AUCET-2018 Er Session	ntrance Exar i 2018-19	n Form		
1. Name (Use only BLOCK letters)						Affix recent Passport size
(i) Applicant:						photograph
(ii) Father:						(With signature)
(II) Fathe	er:					
2. Sex: Mal	e Female	3. Date o	of Birth			
3. Address	for correspondence	e				
Village	City	·	State		Pin	
Mobile No:		Father's	s Mobile No:			
Phone no with STD Code: E-mail						
4. SC/ST/O	BC/Physically hand	licapped, please	specify			
6. Examina	tion Passed					
_	Stream		Year of	Marks		
Exam	(Arts/Comm/Sci)	Board	Passing	Total marks	Marks obtained	Percentage (Aggregate)
10						
10+2						
7. Course a	applied for	BA - B.E	d B.S	Sc - B.Ed		
8. Docume	nts attached					
(i) Copy	of 10 th Mark Sheet					
(ii) Copy	of 10+2 (or equiva	lent Mark Sheet)				
(iii) SC/S	ST/OBC/Physically	Handicapped Cer	tificate			
(iv) Cop	y of Aadhaar Card					
	Receipt (Rs. 500)					
9. Declarat						
	tement made abov					best of my
knowled	dge & belief. I will o	bey the rules & re	gulations of	the institut	ion.	
Applica	nt's Signature:			Ear	Office Use (Only
Full Name:					. No	
Date:	Plac	ce:		Date	<u>.</u> /	/2018