

[Please Tick mark in the appropriate column under CA & UA]
SEMESTER – I

Sr. No.	Comp. Code	Sub. Code	Name of Subject	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"/>

SEMESTER -II

Sr. No.	Comp. Code	Sub. Code	Name of Subject	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"/>

SEMESTER -III

Sr. No.	Comp. Code	Sub. Code	Name of Subject	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"/>

SEMESTER -IV

Sr. No.	Comp. Code	Sub. Code	Name of Subject	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"/>

Signature of Head of Department

Signature of Student.



North Maharashtra University, Jalgaon

Application form for Exam. To be held in _____

Name of the College: _____	College Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Course Name : _____	Centre Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of Student: _____	Sem/Year : _____
Prev. Exam. Seat No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month : _____	M/N : _____ (Mother Name)
Year : _____	
P.R.N.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fresh : <input type="checkbox"/> Repeater : <input type="checkbox"/>
Category: OPEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> VJ/NT <input type="checkbox"/> OBC <input type="checkbox"/> SBC <input type="checkbox"/>	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
Address for Correspondence : _____	
Mobile No. _____	Email Id. _____

To,
The Controller of Examinations,
North Maharashtra University, Jalgaon

Form 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.

Exam. Fee Details :

Exam. Form Fee. –	,M.S. Fee.-	CAP Fee -	Other Fees-
Exam. Fee -	,Late Fee-	Total Fees–	

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