PURBANCHAL UNIVERSITY

Application Form for the Registration

Admission Batch 20.....(20.....)

PHOTO

PU Registration Number *(If not Migrated)*	

Programme: ..... **Entrance Roll No.** .....

Entrance Center: ..... **Entrance Date:** .....

Faculty: ..... **Level :** .....

Campus: .....

Name of Student (In BLOCK Letter)	Mr./Miss/Mrs.																			
देवनागरीमा	श्री/सुश्री/श्रीमती																			

Date of Birth according to S.L.C. or Secondary	B.S.			A.D.		
	Year	Month	Day	Year	Month	Day

Nationality : ..... **Religion :** .....

Father's Name:																				

Permanent Address : Zone : ..... **District:** .....

(Municipality/VDC): ..... **Ward No.:** .....

Phone No.: .....

Mailing Address : .....

EXAMINATION PASSED:

Examination	Board of University	Year	Percentage	Roll No. or Symbol No.	Division
S.L.C. or Secondary					
Intermediate of Higher Secondary					
Bachelors					
Others					

.....

Full Signature of Parents / Guardian

Date :

.....

Full Signature of Applicant

Date :

TO BE FILLED BY THE CAMPUS

This application is accepted by this Campus only after checking the original Certificates and Mark Sheets obtained from the Student. I certify that the documents submited by the student have been properly verified and the particulars furnished are accurate to the best of my knowledge.

.....	.....	.....
Checked by:	Office Seal	Campus Chief
Date:	Date:	Date: