INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY
AMARKANTAK (MADHYA PRADESH) - 484887

(A Central University established by an Act of Parliament)

Space for passport size recent colour photograph

ADMISSION FORM

(For Honours, PG, B. Pharma D.Pharma, and PhD Programmes at IGNTU/RCM)

NAME OF THE CANDIDATE (IN BLOCK LETTERS)																							
1. MOTHER'S NAME																							
2. FATHER'S NAME																							
3. GENDER	MALE ☐							FEMALE ☐					GENDER ☐										
4. DATE OF BIRTH	DD				MM			YYYY															
5. POSTAL ADDRESS	**PERMANENT**							**CORRESPONDENCE**															
H.NO./APARTMENT																							
STREET /VILLAGE/TALUKA																							
POST OFFICE																							
DISTRICT/CITY																							
STATE																							
PIN CODE																							
MOBILE/PHONE NO																							
E-MAIL																							
6. Category	UR	☐	SC	☐	ST	☐	OBC	☐															
	DEFENCE	☐	SPORTS	☐	NSS	☐	NCC	KASHMIRI MIGRANTS	☐														

7. Academic Details

Programmes	Board/University	Year of completion	Passed/Appeared	Marks Obtained	Max.Marks	Percentage
SSLC						
Intermediate/ 10+2						
BA						
MA						
M.Phil						
OTHERS						

Declaration by the candidate:

I have carefully read all the instructions for filling up the application form. I, solemnly declare that the forgoing information in the application form is complete, correct & true to the best of my knowledge and belief. I also certify that I am liable for disciplinary action by the University if any information given in found false/incorrect.

Place: _____ _____

Date: _____ **Student's Signature**

HEAD OF THE DEPARTMENT **DEAN OF THE FACULTY**

DIRECTOR OF ADMISSIONS

INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY
AMARKANTAK (MADHYA PRADESH) - 484887

(A Central University established by an Act of Parliament)

Space for passport size recent colour photograph

ADMISSION FORM
(FOR ONGOING (SENIOR) BATCHES)

NAME OF THE CANDIDATE (IN BLOCK LETTERS)																							
1. MOTHER'S NAME																							
2. FATHER'S NAME																							
3. GENDER	MALE ☐								FEMALE ☐ THIRD GENDER ☐														
4. DATE OF BIRTH	DD				MM				YYYY														
5. **POSTAL ADDRESS**	**PERMANENT**								**CORRESPONDENCE**														
H.NO./APARTMENT																							
STREET /VILLAGE/TALUKA																							
POST OFFICE																							
DISTRICT/CITY																							
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E-MAIL																							
6. Category	UR	☐	SC	☐	ST	☐	OBC	☐															
	DEFENCE	☐	SPORTS	☐	NSS	☐	NCC	KASH MIRI MIGRANTS	☐														

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