

MAHARANA PRATAP UNIVERSITY OF AGRICULTURE AND TECHNOLOGY, UDAIPUR

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(To be filled in by office)

APPLICATION FORM FOR THE ENROLMENT AS A STUDENT OF THE UNIVERSITY

To ,

The Controller of Examinations
Maharana Pratap University of
Agriculture & Technology,
Udaipur (Raj.)

Sir,

I request that I may be enrolled as a student of University. My particulars are as under:



1.	Name in full (in block letters as per Secondary examination certificate)	(in English)	MR. MUKUT BIHARI YADAV			
	(Woman candidate should write Miss or Mrs. before her name)	(in Hindi)	मुकुट बिहारी यादव			
2.	Father's name	(in English)	Ram Dayal Yadav			
		(in Hindi)	राम दयाल यादव			
3.	Mother's name	(in English)	Shanti Devi			
		(in Hindi)	शांति देवी			
4.	Class and faculty in which admitted		First			
5.	Date of admission in the Institution / College		07 Dec 2020			
6.	a) Name of qualifying examination passed		Sr. Sec Examination			
	b) Optional subjects offerred at the last examination					
7.	Year of passing the above examination		2018			
8.	Name of Board or University from which passed		RBSE			
9.	Whether passed as a regular or ex-student or private candidate ?		Regular			
10	Name of the College / School from which passed		Rajdhani Pub Sr. Sec Sch, Pachkodiya			

Note: i) Candidate migrating from another University or Board within the State of Rajasthan is not required to produce Elgibility Certificate.

ii) Candidate studying in constituent college shall not be enrolled as student of the University unless he/she produces an eligibility certificate issued by this University along with this application if he/she is migrating from another University or Board (other



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ENROLMENT CERTIFICATE

This is to certify that Mr./Miss/Mrs.	
Son / Daughter of (Father)	(Mother)
who is a student of (class)	in the college of
has been enrolled as a student of this University vide	Enrolment No.

Place: Udaipur

Date

	Date of birth (as entered in the Secondary / Senior			(04	July	2002	
5	Secondary Certificate)			(Da	y)	(Month in words)	(Year)	
12. V	Whether the candidate belongs to SC/ST/O	BC?						
I	If so, mention the category.			Yes, OTHER BACKWARD C				
			(a)	10th				
	3. Qualifying Certifcate/Degree/Mark-sheet		` ′ -	12th				
	Migration/Transfer Certificate are enclosed	l ,	(c)	Migrat	ion Cartificata			
	in original for verification (together with a Certified copy of each)		(d)	Transfer Certificate				
`			(e)					
					CIDIADI CW	THE PHOPLIP CLDIA DI		
14. Permanent Postal Address of the candidate in full						AIMADHOPURSUNARI, OPURSUNARI, SWAIMAD	HOPUR	
i	n capital letters.					,		
			I	Pin	.1			
						Signature	of the Candidate	
Date	:					Class		
1.	Incomplete application will not be enterta	ined in any case.						
2.	Candidate must enclose original copies of			-		-		
	He should submit letter of eligibility issue through College.	ed by University (if requ	iired unde	r rules)) Originals will b	e returned to him after ver	rification	
3.	Heads of the Institutes are requested to ple	ease verify the date of b	irth and a	II othai	r antries from orio	ginal cartificates before forw	rarding to	
3.	the University office.	ease verify the date of b	ii uii aiiu ai	i omei	enures from orig	mai certificates before forw	arding to	
		CED	TIELCAT					
			TIFICAT					
1.	Certifed that all entries as mentioned in the							
2.	Certifed copies of the documents have been dependent of the documents have been dependent of the copies of the documents have been dependent of the documents have been dependent of the copies of the documents have been dependent of the documents have been dependent of the copies of the documents have been dependent of the documents have been dependent of the copies of the documents have been dependent of the documents have been dependent of the documents have been dependent of the copies of the documents have been dependent of the copies of the documents have been dependent of the copies of the documents have been dependent of the copies	en checked with origina eposited by the candidat						
3.			ie vide iec	eipi N				
	Dated in the colle	ege office.						
Place	e :					Signature of th	e Forwarding Officer	
Date	, .						Designation / Seal	
Dute	•						Designation / Sear	
	Name and complete address of the can	didate in legible and go	od hand w	riting.				
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