



Form No.

DR. C.V. RAMAN UNIVERSITY
Kargi Road, Kota, Bilaspur, C.G.

APPLICATION FORM

Name : Mr./Ms.
Date of Birth :
Course (if any optional group) :
Father's/Guardian's Name :
Father's Occupation :
Contact Address :
Phone / Mobile :
E-mail :

Academic Qualifications

Exam	Board/University	Year of Passing	Subject	%Marks
10 TH				
12 TH				
GRADUATION				
POST GRADUATION				
PET/AIEEE/CAT/MAT/PRE.B.Ed.				

Declaration

I hereby declare that the information submitted is complete and correct to the best of my knowledge. I fully agree to abide by the rules and regulations of the University as they are now and may be in the future constituted, and I will not claim for any refund of fees.

Signature of Father/Guardian

Date:

Note: Enclose attested Mark Sheets.

Signature of Applicant

Please fill in the application form and attach of DD infavour of "AISECT LIMITED" Payable at **BOPAL**