BANARAS HINDU UNIVERSITY



(То	be	erit Inde filled	in	by
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APPLICATION FORM

Session 20..... – 20......

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Candidate's Name: (CAPITAL LETTERS)			Yeld to	
Father's Name : (CAPITAL LETTERS) Sri				
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Date	Market Cold Cold	Month		Year
Date of Birth :				
Male		Female		
Sex :				
Category (write SC/S	Г/OBC/Genera	I in Box as	the case may be	9):
. Do you belong to Physically Challenged	Category	Ye	S	No
. Postal Address :				

E-mail id

		Phone No.	STD code)			
. Nationality :	Indian Foreign	Indicate the na Indian, OR Co	ame of your State, untry, if Foreigner:			
Academic Record (Pleas	Board/University	Year of passing/	Subject	Marks	Max.	%
Examination	Boararonnia	appearing		Obtd.	Marks	
8th Standard						
High School or equivalent						
ntermediate or equivalent 10+2 level)						
Graduation Bachelor's Degree, 10+2+3)						
Post Graduation						
Any other degree						
If YES, write: - (i) Name of the Course (iii) Name of Faculty/Co	olinary action has been	n taken against you?	If so, state reason	ns, the pun		ward
IN CASE OF INCO DOCUMENT IN SUPPOR' FORM SHALL NOT BE CO	MPLETE APPLICATI	ION FORM OR NON	I-SUBMISSION OF	RELEVA		
		DECLARATION	<u>I</u>			
that the information given Information Bulletin and the	nat all the particulars s by me in the applicat ne terms and conditio case any information giving me any opport	ns given therein and	d satisfied myself t	that I fulfill	all the ac	lmiss ssion
me.		Name of the Condi	date			_
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