BANARAS HINDU UNIVERSITY

(Established by Parliament by Notification N.225 of 1916)

FACULTY OF SCIENCE

APPLICATION FORM FOR ADMISSION TO PG DIPLOMA / CERTIFICATE COURSE

INSTITUTE OF SCIENCE SESSION-2016-2017

(TO BE FILLED IN BY THE APPLICANT ONLY)

1.	Name of the Applicar	nt:					[
								Δ	Affix	
2	Father's Name	·							spc	
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3.	Mother's Name	:								
4.	Date of Birth	:								
5.	Address for	:								
	Correspondence									
6.	Permanent Address	:								
7.	(a) Telephone/Mob.	:		7. ((b) E-mail I.	D. :				
8.	Category of Applican	t: SC		ST	OBC	Emp.W.	Ge	nera		
9.	(a) Institution last att	ended								
	Name & Address of the	he Institution		Last Examir	nation Pass	ed	,	Stay		
							from	<u> </u>	to	
9.	(b) Present Associat	ion with BHU						L		
	Name & Addre studying/employee	ess of th	ne	Department	Where	Name of cour students	se if	fron	า	to
	otadying/omployee					Olddonio				

			Result	
Examination Passed	University/Board	Year of Passing	Division With % of aggregate marks	Subject Offered
1.High school or Equivalent				
2. 10+2 or Equivalent				
3. B.Sc.(Hons.)or Equivalent				
4. M.Sc. or Equivalent				

11.	Details	of	Qualify	ing	Examination	1:
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Name of Examination & Passing year	RESUL	Subject Offered		
	Percentage of Marks		1	
	In the relevant subject In aggregate			
			2	
			3	
			4	
			Hons. In	

12. Status of Applicant

Nationality	State	Religion	Married/Unmarried	Mother Tongue

DECLARATION BY THE APPLICANT

- (a) I solemnly declare that this form has been filled in by me and that the above statements/entries are true; and that my admission is liable to be cancelled in case of my discrepancy in the information given above being detected at a later stage.
- (b) I agree to abide by the rules of the faculty and of the University and promise to be regular in my studies and to pay my tution and other fee regularly.
- (c) I under take that I shall not accept any employment nor shall seek admission elsewhere during my studies in the Banaras Hindu University.

Date	
	(Full Signature of the Applicant)

DECLARATION OF THE PARENTS OR GUARDIAN

In the event of my above mentioned son/daughter/ward being admitted in P.G. Diploma/Certificate Course, Faculty of Science, B.H.U. I hold myself responsible to his/her conduct in and even outside University Campus and for the payment of his/her fee and other dues of the University.

Date	
	(Full Signature of the Applicant)
	Name
	Address
(Signature of the attesting Officer)	
With Office Seal	
NO OBJECTION CERTIFICATE FRO	M PRESENT INSTITUTION
This department has no Objection to Mr./Mis	
Attending the Course	in the Faculty/Institute of
Banaras Hindu University in the session	2016-17.
D .	
Date	
	Director of Institution/Dean of
	Faculty /Coordinator of School/Spl.
	Courses/Head of the Department