

6. Particulars of Qualifying Examination (Enclose Xerox copies of Provisional Certificates/ Marks Memos)

Name of the Qualifying Examination	Name of the University	Month & Year of Passing	Total Marks /Percentage

DECLARATION BY THE APPLICANT

I declare that the information furnished in the application is true to the best of my knowledge. I accept that if any statement made in this application is found incorrect on scrutiny, the application may be summarily rejected and the admission may be cancelled if granted on the basis of such incorrect information.

I declare that I have not joined and will not join any course of study of any other University or Institute during the period of my study in this University and I will abide by the rules and regulations of the University. I will also maintain 75% of attendance as required by University regulations.

Date:

Place:

SIGNATURE OF THE CANDIDATE

- Note:** 1. Incomplete applications will be summarily rejected and no correspondence in this regard will be entertained.
 2. Fee once paid will not be refunded under any circumstances.
 3. University will not be responsible for any postal delay/loss in transit.
 4. If minimum number of students is not available, the course will not be offered.