



# JAIPUR NATIONAL UNIVERSITY

Directorate of Distance Education  
Programmes approved by joint committee of DEC-UGC-AICTE

## ADMISSION CUM EXAMINATION FORM

**Note: All entries must be filled in by the candidate himself / herself in capital letters.**

Enrolment No. : JNU-jpr/ .....  
(Leave Blank)

Paste your passport size photograph, duly attested by Head of the Institution. Avoid use of pin or stapler.  
Please enclose two identical photographs along with the Application Form

Course Applied for : ..... Specialization (Wherever applicable): .....

Year	<input type="checkbox"/>	1
	<input type="checkbox"/>	2
	<input type="checkbox"/>	3

Lateral Entry

Session:

January

July

2  0  1

(Put a cross mark 'X' in the appropriate box.)

Signature of the candidate (in box)

(Fill information below as per Secondary / Senior Secondary Certificate)

Name of the Candidate

Father's Name

Mother's Name

Date of Birth:       Nationality: INDIAN  Others  Specify Name.....  
D D M M Y Y Y Y

Gender: Male  Female  Category: General  OBC  ST/SC  Others

(Put a cross mark 'X' in the appropriate box.)

Contact Address:

PIN Code

Landline No. with STD Code : ..... Mobile: ..... E-mail: .....

**Note: All Communications will be mailed at the above address.**

Educational Qualifications :

S. N.	EXAMINATION	BOARD / UNIVERSITY	YEAR	% MARKS	SUBJECTS
1	10th (Secondary)				
2	10 + 2 (Senior Secondary)				
3	Graduation				
4	Post Graduation				
5	Any Other Qualification				

### DECLARATION BY THE CANDIDATE

I .....hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the University if any information given above by me is found incorrect or misleading.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Candidate

### VERIFICATION CERTIFICATE

I have verified the original documents including DDs. The candidate fulfills the eligibility criteria as per the prescribed norms of the University.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Verified by

### PAYMENT OF FEE

S. N.	Particulars of Fee	Amount (in Rs.)	Payment Details
1	Course Fee		A/c Payee Draft No. _____ Dated _____ Rs (in figures) _____ in words Rs. _____
2	Admission Fee		
3	Examination Fee		
4	Total Fee (in Rs.)		

\*Note: Fee once deposited will not be refunded. However, if the university does not find the candidate eligible for admission, the fee will be refunded.



ITGK Code  
43290018

**REGISTRATION FORM**



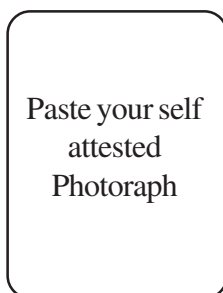
IACC Code  
691

**For Office Use Only**

Enrollment No. : \_\_\_\_\_ Session. : \_\_\_\_\_  
Date of joining : \_\_\_\_\_ Course : \_\_\_\_\_

**Personal Details**

Name of Candidate : Mr./Mrs./Miss \_\_\_\_\_  
Father's Name : Shri \_\_\_\_\_  
Mother's Name : \_\_\_\_\_  
Husband's Name (If married) : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Permanent Address : \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_ Cell \_\_\_\_\_  
e mail id \_\_\_\_\_



**Qualification Details**

S.No.	Qualification	Board/University	Subject	Passing Year	Percentage
1.	Secondary				
2.	Senior Secondary				
3.	Graduation				
4.	Post Graduation				
5.	Any Other				

I here by apply for course enrolment and declaretion the information given in application is true and correct. I accept that management of **UNIQUE COLLEGE OF IT & MANAGEMENT, KARAUALI** is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever.

Date:.....

**Signature**