

MOTIBAI RAJARAM MAHAVIDYALAYA, GARAUTHA AFFILIATED TO BUNDELKHAND UNIVERSITY, JHANSI (Departments of Commerce)

Departments of Commerce)
Session:

П	ш	\sim	$\Gamma \cap$
\mathbf{r}	п		

Contact No: -----

		Form No:-
1.	Full Name of Candidate (In Capital Letters) (Name to be written as per Metric Higher Secondary certificate	:: e)
2.	Full Name in Hindi	:
3.	Mother's Name	:
4.	Father's Name	:
5.	Father's Occupation	;
6.	Family Income Per Annum	:
7.	Date of Birth	:/(DD/MM/YY)
8.	Sex	: Male/Female
9.	Married/Unmarried	:
10.	Category (General/OBC/ST/SC)	:
11.	Nationality/Domicile	:
12.	Permanent Address	:
		Pin Code:

Educational Qualification:

S.No	Last Qualifying Exam Passed	Subjects	Name of University/ Board	Year of Passing	Marks Obtained	Total Marks	Result

Place:	Signature of the candidates
Date:	Name:

Note: Please submit two sets of attested Mark sheets along with the form (X, XII, Graduation)

MOTIBAI RAJARAM MAHAVIDYALAYA

UNDERTAKING BY THE CANDIDATE

have thoroughly read and understood all the detai	O Shrils in the prospectus and I am fully aware of selection te to abide by all such provisions as mentioned in the
class regularly as per the time table of the college attendance less than 75% as per the affiliating Ur liberty to delete my name from the roll of the stud-	titution on the date of admission. I will attend all the e, I therefore, undertake that in case of short of my liversity Rules the college authorities shall be at the ents without any information to me. For which I shall fund of my fees nor claim any compensation or legal e court of law in any manner.
shall be authorized to en-cash the cheques deposite	n in the studies for any reason the college authorities ed towards the fee as post dated cheques in favour of of dishonor of, the Cheques I shall be liable for the
enclosures are true to the best of my knowledge ar I also understand that at any point of time if an	ded and documents furnished by me as attached of that no information has been withheld/ concealed. In the information is found to be incorrect/false and/or the institute or any consequences thereof. I shall abide
Place:	Signature of Candidate
Date:	Name of Candidate
UNDERTAKING	BY THE PARENT'S
am fully aware of the rules and (procedures menti-	ordian of the applicantoned in the prospectus of the College and undertake for any risk of injury during the entrance test and
Palace:	
Date:	Signature of Parent's