



INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY AMARKANTAK (MADHYA PRADESH) - 484887

(A Central University established by an Act of Parliament)

APPLICATION FORM (Admission for Honours, PG, B.Pharma, D.Pharma Programmes at IGNTU/ under wards of Employee Quota)

*Space for passport
size recent colour
photograph*

1. NAME OF THE EMPLOYEE (IN BLOCK LETTERS)										
2. NAME OF THE STUDENT										
3. GENDER	MALE <input type="checkbox"/>			FEMALE <input type="checkbox"/>			CROSS GENDER <input type="checkbox"/>			
4. DATE OF BIRTH	DD			MM			YYYY			
5. DETAIL OF EMPLOYEE										
DESIGNATION										
NATURE OF JOB										
DEPARTMENT/SECTION										
6. Category	UR	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>		

Declaration by the candidate:

I have carefully read all the instructions for filling up the application form. I, solemnly declare that the forgoing information in the application form is complete, correct & true to the best of my knowledge and belief. I also certify that I am liable for disciplinary action by the University if any information given in found false/incorrect.

Place:

Date:

Student's Signature

OFFICE USE

This is to certify that Mr/Ms-----may be given admission to -----programmes on the basis of the following certificates.

CHAIRMAN OF ADMISSION COMMITTEE

Controller of Examination