



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

(A Central University established by an Act of Parliament)

Application Form for Differently Abled Candidates

(Admission for UG/ PG /Diploma/Certificate and PhD Programmes at IGNTU / RCM under Supernumerary Quota)

Space for
passport size
recent colour
photograph

Type of Programmes UG PG Diploma Certificate Others

Name of Programme

1. Personal information			
Full Name of Applicant			
Roll Number/Hall Ticket No.			
Father's Name			
Mother's Name			
Date of Birth (DD MM YYYY)	Category	Gen <input type="checkbox"/> EWS <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/>	
Mobile No	Email Id		
Type of Disability (Please Tick <input checked="" type="checkbox"/>)	1. Low vision/blindness, <input type="checkbox"/> 2. Hearing impairment, <input type="checkbox"/> 3. Locomotors disability/cerebral palsy. <input type="checkbox"/> Relevant Documents attached Yes <input type="checkbox"/> No <input type="checkbox"/>		
Entrance Exam Marks		Date	

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:

Applicant's Signature

**The candidates are informed to mail the scanned copy of this Application Form along with the copy of Online Filled Entrance Application Form and relevant documents to admission in Supernumerary quota to Email : admsn@igntu.ac.in*

Office Use

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

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.....

Chairman of Admission Committee

Director of Admissions