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

(A Central University established by an Act of Parliament)

## SEMESTER ADMISSION FORM
## (UG II,IV/ PG II, IV/ BA.BEd & BSc BEd IV, VI and VIII/PhD & B.Pharm/D.Pharm)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **NAME OF THE CANDIDATE** (IN BLOCK LETTERS) | | | | | | | | | |
| **1. MOTHER'S NAME** | | | | | | | | | |
| **2. FATHER'S NAME** | | | | | | | | | |
| **3. GENDER** | MALE ☐ | | | | FEMALE ☐ | THIRD GENDER ☐ | | | |
| **4. DATE OF BIRTH** | DD | | | MM | | | YYYY | | |
| **5. POSTAL ADDRESS** | **PERMANENT** | | | | **CORRESPONDENCE** | | | | |
| ***H.NO./APARTMENT*** | | | | | | | | | |
| ***STREET /VILLAGE/TALUKA*** | | | | | | | | | |
| ***POST OFFICE*** | | | | | | | | | |
| ***DISTRICT/CITY*** | | | | | | | | | |
| ***STATE*** | | | | | | | | | |
| ***PIN CODE*** | | | | | | | | | |
| ***MOBILE/PHONE NO*** | | | | | | | | | |
| ***Aadhar Number*** | | | | | | | | | |
| ***E-MAIL*** | | | | | | | | | |
| **6. Category** | UR | ☐ | SC | ☐ | ST | ☐ | OBC | ☐ | |
| **7. KASHMIRI MIGRANTS** | ☐ | DEFENCE | ☐ | SPORTS | ☐ | NSS | ☐ | NCC | ☐ |

**8. Admission Details**

| Programmes | Semester | Name of the Department | Details of Fees | Date of fees Paid |
|---|---|---|---|---|
| **Honours** | | | | |
| **PG** | | | | |
| **BA.BEd and BSc BEd** | | | | |
| **PhD Programmes** | | | | |
| **UG Diploma** | | | | |
| **PG Diploma** | | | | |
| **B.Pharm** | | | | |
| **D.Pharm** | | | | |

**Place:** _____ _____

**Date:** _____ **Student's Signature**

**HEAD OF THE DEPARTMENT**