



## KUMAUN UNIVERSITY NAINITAL ADMISSION FORM (SEMESTER SYSTEM-2018)

NAME OF COLLEGE/INSTITUTE \_\_\_\_\_  
\_\_\_\_\_

CLASS	_____	PHOTOGRAPH
SEMESTER	_____ (Second/Fourth)	
ROLL NUMBER	_____	
ENOLLMENT NUMBER	KU_____	
NAME OF STUDENT	_____	
FATHER'S NAME	_____	
MOTHER'S NAME	_____	
DATE OF BIRTH	_____	
MOBILE NUMBER	_____	
EMAIL ID	_____	
CATEGORY	_____	
PHYSICALLY HANDICAPPED	YES/NO _____	SIGNATURE
EXAMINATION CENTRE	_____ _____	
MAILING ADDRESS	_____ _____ _____	

**SUBJECT DETAILS -**

SL. NO.	PAPER APPLIED FOR	PAPER CODE
1-		
2-		
3-		
4-		
5-		
6-		
7-		
8-		

**DETAILS OF PREVIOUS YEAR EXAMINATION -**

Examination	YEAR	RESULT	MAX MARKS	MARKS OBT.
SEM - I				
SEM - II				
SEM - III				
SEM - IV				

**DECLARATION**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading, I am aware that I may be held liable for it and my application may be cancelled.

Date:

Place:

**Signature of the Candidate**