



UTKAL UNIVERSITY
VANIVIHAR, BHUBANESWAR- 751004.

APPLICATION FORM FOR THE POST-GRADUATE DIPLOMA IN
..... EXAMINATION, 20.....

Registration No..... / 19 **Roll No.....**

1. Name (In Block Letters)

2. Date of Birth (By Christian Era) In Figure
In Words

3. Name and Address of (a) Father

(b) Guardian

(Both names shall be given if the Father is not alive).

4. Mother Tongue

5. Nationality

6. (a) Academic Session in which
Lecturers were completed

(b) Date of admission in the course

7. Details of Academic Record :

Name of Degree	Name of the University	Completion of Year / Month
H.S.C.		
B.A. / B.Sc. / B. Com.		
M.A. / M.Sc. / M.Com.		
L.L.B.		

8. Whether SC / ST / OBC / Backward Class
(Name of the Caste / Sub Caste)

9. Subjects of the Examinations :

First Semester	Second Semester
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

10. Optional Subjects : 1.
2.
3.

11. Permanent Address :
.....
.....

12. Title of the Project

13. Has the Project been submitted Yes / No

14. Present position in details

15. Whether previously appeared the Examination

Date

(Signature of the candidate in full)

Present Address

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CERTIFICATE

Certified (1) that the particulars given overleaf by the candidate are correct, (2) that I have verified his/her certificates in original of the qualifying examination and the Registration Receipt, (3) that his/her conduct has been good, (4) that he/she has studied diligently and passed the college periodical examination and that nothing is known against his/her conduct and character.

Date

**PRINCIPAL
(Seal)**

INSTRUCTIONS

1. No application shall be entertained unless it is properly filled in by the candidate and submitted alongwith necessary documents in conformity with the Regulations and the introductions of the University.
2. No application shall be entertained after due date.