No.:



Remarks

DR. ANUSHKA VIDHI MAHAVIDYALAYA, UDAIPUR APPLICATION FORM FOR ADMISSION (Year 20 -20)

(To be filled in by candidate in his/her own handwriting in CAPITAL LETTERS in English)

Scholar No. : To be filled by office)		
Class for Admission		Photograph
Full Name [English]		Si
(Hindi)		Signature
Father's Name		
Occupation		
Mother's Name		
Date of Birth E-mail ID:		
Mobile No.	Sex (Tick) : M	F TG
Bonafied Residence (Tick)	Rajasthan Other State Residential Area (Tick): Urban	Rural TSP
Category (Tick) Ger	n. SC ST OBC SBC Mino	ority PH
Qualifying Examination Passed Year of Passing		
Permanent Address		
	Phone No. (With STD Code)	
Local Address		
(Mandatory for Outside Students)		
	Phone No. (With STD Code)	
Examination	University/Board Year Division	Percentage
10th	,,	
12th		
Graduation		
Post-Graduation		
LL.B. I/II/III Year		
Enrolment No. :	Year (If already enrolled with M.L.S.U., Udaipur)	
Are you employed?	Yes No If yes, Please attach No Objection Certifica	ate from Employer.
FOR OFFICE USE ONLY		
Receipt No. : Date : Rs. : Cashier :		