

MOTHERHOOD UNIVERSITY, Roorkee ENTRANCE EXAM FORM 2019-2020

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U/\$ 22(1) of the UGC Act 1956 and established under Uttarakhand Govt. Act no. 05 of 2015

Course Applied for:	photograph Self attested							
Branch:	Please do not							
	staple							
PERSONAL INFORMATION								
Applicant's Detail [As per 10 th certificate]								
Name of Applicant								
Father's Name								
Mother's Name								
D D M M Y Y Y Y								
Date of Birth Gender Male Female								
Category	Physically handicapped (if 'Yes', Please Specify)							
General SC ST	Yes No							
OBC Minority	Type of Disability							
If Others, Specify: %age of Disability								
Permanent Resident:	Nationality Indian							
Uttarakhand Others:	Others If Other, Specify:							
CONTACT DETAIL								
CORRESPONDANCE ADDRESS (If different fr								
City/Town District								
State Country Pin Code								
PERMANENT ADDRESS								
City/Town District								
State Pin Code								
Contact No.	Email id:							

ACADEMIC PROFILE									
Academic	Name of	Board/	Year of	Subject	Marks	Max.	%age/		
Qualification	School/College	University	passing	Buojeet	Obtained	Marks	CGPA		
10 th /HSC									
12 th /SSC									
Bachelor's Degree									
Others (if any)									
DECLARATION									
I									
entries in the application form are true and correct to the best of my knowledge and belief.									
Date: Signature of Candidate									
D ute					Signature (or Canar	aute		