



UNIQUE GROUP OF INSTITUTIONS

Application Form

Session 200_-1_

Enrolment No

Course BBA BCA MBA MCA B.Ed. B.T.C.

LL.B (3yrs) B.Com

Name of Student(In Capital Letter)

Fathers's Name :

Mother's Name :

Date of Birth : (In Word) :

Nationality : Religion : Gender : Male Female

Category : Gen SC ST OBC Others State:

Permanent Address :

Mob. No.

District : PIN Code :

Correspondences Address:

Phone No. :

District : PIN Code :

E-mail Address :

Educational Qualification :

Name of Exam	Board/ Univ.	Year	Roll No.	Subject	Obtain Marks	Max. Marks	Perce. %
X							
XII							
U.G.							
P.G							
Others							

(Signature of Candidate)

(Signature of Parents)