



Kadi Sarva Vishwavidyalaya - Gandhinagar

Form Fee Rs. 25/-

Master of _____ Examination
Year _____ Semester / Trimester _____ 200_____

No. _____

To,
The Registrar,
Kadi Sarva Vishwavidyalaya, Gandhinagar.

Name of the College :

College code :

Sir,

I request your permission to present myself at the ensuing Examination for _____
Semester/Trimester _____ at the Gandhinagar Centre and remit herewith the prescribed fee of
Rs. _____ per semester/trimester.

I offer my candidature to be examined in the following subjects / courses :

Program : _____	Course Details : <input type="checkbox"/> All Courses of the Semester <input type="checkbox"/> Selected Course/s (1) _____ (2) _____ (3) _____ (4) _____ (5) _____
Batch : _____	
Year : _____	
Semester / Trimester : _____	
Appearing as : <input type="checkbox"/> Fresher <input type="checkbox"/> Repeater	

I am submitting here with a dissertation (covering the work done for project Study Course) entitled
_____ for the same in three copies.

Yours faithfully,

Date : - - 200

Signature of the candidate

Personal Details

	Surname	Name	Father's Name
Full Name (To be filled in BLOCK Letters) }	_____		

Full residential address _____

Phone No : _____

Mobile No : _____ Category : Open / SC / ST / SEBC / PH _____

Sex : _____

Date of obtaining the Bachelor Degree & Name of University } _____

No. and date of registration as a post- graduate student } _____

