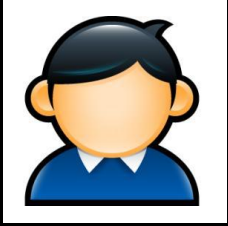




Maulana Azad University, Jodhpur

Admission form for Master in Public Health Session 2017-19

Candidate's Regno MAUJ/ _____

Candidate's Name	_____		
Father's Name	_____		
Mother's Name	_____		
Gender	_____		
Category	_____		
Email	_____		Mobile _____
Date Of Birth	_____		Contact No _____

Nationality _____ International Passport No _____ Aadhar Card No _____

Address for Correspondence

State _____ District _____ Pin _____

Permanent Address

State _____ District _____ Pin _____

Current Address

State _____ District _____ Pin _____

Course _____ Compulsory Subject(For UG Program only) Hindi/English

Course Combination _____

Last Qualification Of Student

Last Qualification _____	Subject _____
Board/University _____	Passing Year _____
Max Marks _____	Marks Obtained _____
Result _____	

Last Board Qualification Of Student

Qualification _____	Board _____	Board Passing Year _____
Subject _____		Roll No _____

Exam Break YES/NO Reason for last Exam Break _____

Religion _____ PhyHand Yes/No Kashmiri YES/NO

Father's Detail

Occupation _____	Qualification _____	Income _____
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Mother's Detail

Occupation _____ **Qualification** _____ **Income** _____

Documents Attached

- 10TH Mark Sheet/Certificate
- 10+2(or equivalent Mark Sheet)
- Transfer Certificate
- Character Certificate
- Migration Certificate
- Address Proof
- SC/ST/OBC/Physically Handicapped Certificate
- International Passport
- Aadhar Card
- Other _____

Declaration

The Statement made above and filled in different columns are true to the best of my knowledge & belief . I will obey the rules & regulations of the institution

Applicant's Signature _____

Full Name _____

Date _____

Place _____

For Office Use Only

Reg No **MAUJ/**

Documents Enclosed

- 10TH Mark Sheet/Certificate
- 10+2(or equivalent Mark Sheet)
- Transfer Certificate
- Character Certificate
- Migration Certificate
- Address Proof
- SC/ST/OBC/Physically Handicapped Certificate
- International Passport
- Aadhar Card
- Other _____

Documents Verified By _____

Signature of Admission Incharge _____

Date _____