GUJARAT UNIVERSITY

Registration of Graduates

APPLICATION FORM

Please attach a true copy of Degree Certificate and Leaving Certificate

To : The Registrar, Gujarat University, Ahmedabad - 9.

1. I request that my name be placed on the Register of Graduates in the following Faculty :

Faculty : ☐ Arts ☐ Commerce ☐ Science ☐ Law ☐ Medicine ☐ Education ☐ Dental Surgery

2. I hereby declare that I have not registered myself or applied for registration under any other faculty herebefore and shall not apply for registration as a graduate in any other faculty of your University hereafter before getting this enrolment cancelled.

3. I am sending herewith the Registration Fee of ☐ Rs.25 (5 Years) ☐ Rs.100 (20 Years) in Cash and I understand that my registration is for a period of 5 years OR 20 years.

4. I hereby declare that my mother-tongue is Gujarati and/or I ordinarily reside/carry on business at..... in ☐ Ahmedabad ☐ Gandinagar District Which is within the Gujarat University area.

5. Degree from ☐ Gujarat University ☐ Other University If Other .....

Name (Leave One Column Blank Between Surname, Name And Fathername)

Birth Date

D D M M Y Y Y Y

Full Address

City : Pin Code :

Mobile No :

Yours faithfully

Place : ..... Date : .....

(Signature)