



CENTRE FOR DR. B.R. AMBEDKAR STUDIES
KURUKSHETRA UNIVERSITY KURUKSHETRA
 (Established by the State Legislature Act XII of 1956)
 ('A+' Grade, NAAC Accredited)



Application No:

Admission Form

Paste your passport size photograph

Name of Candidate:

Father' Name:

Date of Birth: Gender: M F

Category: (SC/BC/General)

Please specify the Course/Certification opted for: **Tally Essential Level 1** **Tally Essential Level 2**

Tally Essential Level 3

ADDRESS FOR COMMUNICCATION

Address line 1:

Address Line 2:

City:

Mobile No.:

Whats app No.

E-Mail:

ACADEMIC QUALIFICATIONS

S. N.	Institution/Board/University	Degree	Subject	Percentage/ CGPA	Year
1	HSC/12 th				
2	Graduation				
3	Post Graduation				

Dept./College _____ Class _____ Roll No. _____

Enclosures: - 10+2 Certificate Graduation Certificate Post Graduate Certificate
 (Please tick) Caste Certificate Dept. Identity Card

DECLARATION

I hereby declare that the information provided by me in the application is true and correct to best of my knowledge. My signature below certifies that I have read, understood and agree to the rules and regulation of TIL & Kurukshestra University.

Place:.....
 Dated:.....

 Signature of the Applicant