

Serial No.:



॥ ज्ञानं इत्यं ह्युत्तमं ॥

# ADICHUNCHANAGIRI UNIVERSITY

(Estd. under ACU Act, 2012 (Karnataka Act No. 18 of 2013))

B G Nagara - 571 448, Nagamangala Tq., Mandya Dist., Karnataka, India.

Phone: 08234 -287285

Website: www.acu.edu.in

e-mail: info@acu.edu.in

## Post-Graduate Admission Application for the Year 20\_\_ - 20\_\_.

Passport size  
photograph

**Name of the Course (Please tick any one):**

Master of Public Health and Master of Hospital Administration

**M.Sc. program:** Biochemistry, Biotechnology, Microbiology and Molecular Biology.

1	Name of the Candidate (in Block Letters) As per S.S.L.C marks card	
2	Date of Birth	
3	Place of Birth	
4	Aadhaar Number (Optional)	
5	Sex	
6	Blood Group	
7	Name of Parent / Guardian / Spouse	
8	Occupation of Parent / Guardian / Spouse	
9	Annual Income of Parent / Guardian / Spouse	
10	State of Domicile	
11	Nationality, Religion and Caste	
12	State whether you belong to SC/ST or OBC (Specify)	
13	Mother tongue	
14	Permanent Address Plot No. / Building No. / Apartment No. Street City/ Town / Village District State Telephone No. Mobile No. e-mail ID	
15	Postal Address Plot No. / Building No. / Apartment No. Street City/ Town / Village District State Telephone No. Mobile No. e-mail ID	

16	Details of Academic Qualification				
I	<b>10th / S.S.L.C Education Details</b>				
	<b>School Details</b>	<b>Board</b>	<b>Max. Marks</b>	<b>Marks obtained</b>	<b>Percentage obtained</b>
	<b>College / Institute Name:</b> _____ _____ <b>City/District:</b> _____ <b>State:</b> _____ <b>Country:</b> _____				
II	<b>12th / P.U.C Education Details</b>				
	<b>College / Institute Details</b>	<b>Board</b>	<b>Max. Marks</b>	<b>Marks obtained</b>	<b>Percentage obtained</b>
	<b>College / Institute Name:</b> _____ _____ <b>City/District:</b> _____ <b>State:</b> _____ <b>Country:</b> _____				
17	Name of the Institution last studied and date of entering and leaving the Institution.				
18	a) Qualifying examination Passed b) Reg. No. and Year c) Subjects Studied d) Class obtained e) Name of the University				
19	<b>Semester</b>	<b>Subject studied</b>	<b>Max. Marks</b>	<b>Marks obtained</b>	<b>Percentage obtained</b>
I	First Semester				
ii	Second Semester				
iii	Third Semester				
Iv	Forth Semester				
V	Fifth Semester				
Vi	Sixth Semester				
Vii	Total				

**Declaration by the Candidate**

1. If admitted I agree to confirm to the rules and regulations at present in force or that may hereafter be made for admission to the college and hostel.
2. I undertake that so long as I am a student of the ACU, I will do nothing unworthy of a student of the college inside or outside or anything that will interfere with its orderly working and discipline.
3. I am aware that the University has the full authority to expel me for disinterest in studies, misbehavior and continuous failure.
4. I will not indulge in any behavior or act that may be considered as ragging as per the regulations.
5. I may be punished as per institution norms if I indulge in ragging and such other activities.

**Place:**

**Date:**

**Signature of the Candidate**

**Declaration by the Parent / Guardian**

I hereby declare that I have known the financial obligation and I can afford to pay all the costs and undertake to pay the tuition and other fees payable to the Institution under the rules framed from time to time by the University. I shall also be responsible for his / her conduct and good behavior during the period of his / her studies in this University.

**Place:**

**Date:**

**Signature of the Parent / Guardian / Spouse**

**FOR OFFICE USE ONLY**

The applicant has been given provisional admission to \_\_\_\_\_  
course for the academic year \_\_\_\_\_. His / Her statement of marks / eligibility is  
verified and found correct.

Fee paid vide Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

Registration No. \_\_\_\_\_.

**ADMISSION SECTION**

**ACCOUNTANT**

**Date:**

**Registrar**  
Adichunchanagiri University

# ADICHUNCHANAGIRI UNIVERSITY

Post Graduate Admission for the Year 20\_\_ - 20\_\_.

## ACKNOWLEDGEMENT

- 1 Candidate's Name : \_\_\_\_\_
- 2 Application No : \_\_\_\_\_
- 3 Course : \_\_\_\_\_
- 4 Category : \_\_\_\_\_
- 5 Date of submission : \_\_\_\_\_

Collecting Official's Name: \_\_\_\_\_



# ADICHUNCHANAGIRI UNIVERSITY

Post Graduate Admission for the Year 20\_\_ - 20\_\_.

## ACKNOWLEDGEMENT

- 1 Candidate's Name : \_\_\_\_\_
- 2 Application No : \_\_\_\_\_
- 3 Course : \_\_\_\_\_
- 4 Category : \_\_\_\_\_
- 5 Date of submission : \_\_\_\_\_

Collecting Official's Name: \_\_\_\_\_

### **List of Enclosures**

Please ensure you have attached the copies of the following documents before submitting your application:

1. Application Fee Receipt
2. 10<sup>th</sup>/ S.S.L.C Marks Card
3. 12<sup>th</sup>/ P.U.C Marks Card
4. Graduation Marks Cards and Certificate (all the semesters)
5. Transfer Certificate
6. Migration Certificate
7. Caste Certificate (if applicable)
8. Income Certificate (if applicable)
9. Passport/Visa copy (if applicable)
10. 4 passport size photograph