**APPLICATION FORM**

**01**

**BIHAR ANIMAL SCIENCES UNIVERSITY, PATNA**

**MASTER'S DEGREE PROGRAM, 2020-21**

To be filled in by the candidate (in capital letters)

1. **Degree program applied for: M.V. Sc. /M.Tech (D.T.)**

Subject(M.V.Sc./M.Tech)/M.F.Sc.) Subject Code as ICAR-AIEE (PG)

ICAR Exam. Roll No. ICAR Exam. Application No.

Merit/Score in ICAR-AIEEA (PG)

1. Are you a domicile of Bihar Yes/No

**If** Yes, Category (UR/SC/ST/EBC/BC/RCG/EWS/OTHERS)

1. Details of Fee

Transaction No. (If paid online) Amount Date

Bank Draft No. Name of Bank

1. Name of the candidate (in English)

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1. Father's Name (in English)

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1. Mother's Name (in English)

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1. Date of Birth

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 **(Date) (Month) (Year)**

1. Permanent Address

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1. Address for Correspondence

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1. Phone/Mobile No.

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 Alternate Phone/Mobile No.

**02**

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1. E-mail ID
2. Gender (M / F)
3. Nationality
4. Particulars of Qualifying Examinations Passed (enter percentage of marks up to two digits after the decimal) / Appearing in

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Examination | University/ Board | Name of Institution | Marks Obtained | Division | Percent - age of marks | Year of Passing | Subjects |
|  |  |  | Total Marks |  |  |  |  |
| 10th Standard |  |  |  |  |  |  |  |
| 12th Standard |  |  |  |  |  |  |  |
| Bachelor's Degree |  |  |  |  |  |  |  |

**DECLARATION**

I, hereby declare that the statements made above are true to the best of my knowledge and belief I fully understand that any wrong statement made in this application may result in cancellation of my candidature or termination of my admission at any stage at my cost, risk and responsibility

**Signature of the candidate (in Hindi & in English)**

**Date:**

**Place:**

**Certificate of the forwarding officer (only for the candidates appearing in the qualifying exam)**

This is to certify that Sri /Smt. ………………………………………………………………………………is a student of this institution from…………………………………………………………… and is appearing in the ……………………………………Examination of ……………………………….…..(Name of Program) of this Institute / College.

According to the records of this institution, the information furnished above is correct to the best of my knowledge.

**Date:**

**Place:**

**Signature of the Head of the Institution**

**Seal of the college last attended/attending**

**FOR OFFICE** USE **ONLY**

Checked

Verified & DD detailed if any