



॥ अंतरी पेटवु ज्ञानज्योत ॥

School of Thoughts

North Maharashtra University, Jalgaon

P.B.No. 80, Umavinagar, Tel.No.0257)2257155

Admission for 2016-17

Application are Invited For Following Carrier Oriented Courses Under School of Thoughts Approved by the North Maharashtra University, Jalgaon.

- **P G Diploma in Guiding, Heritage Studies & Tourism Management.**
- **P G Diploma in 'Gandhian Thought.**
- **Certificate course in Buddhist Heritage.**

Eligibility :-

P G Diploma - Any Graduate.

Certificate Course - 12th Passed or Equivalent Exams.

Admission: The Candidate should apply in prescribed Form The application form can be downloaded www.nmu.ac.in from 16 July, 2016. The same is also available

Free of cost in the **School of Thought.**

Last date of receipt of application 30 July, 2016 for

Details contacts: **(0257) 2257155/156**

Mob. : - 9890513314/9970361104/9767538316/9552203059

Place: Jalgaon

Prof. A.M. Mahajan

Date: 14/07/2016

Registrar



North Maharashtra University, Jalgaon

'A' Grade NAAC Re-accredited (3rd Cycle)

Application Form for Admission to

1. Post Graduate Diploma in Guiding, Heritage Studies & Tourism and Management
2. Post Graduate Diploma in Gandhian Thought
3. Certificate Course in Buddhist Heritage

Academic Year 2016-17

(To be filled in by the candidate in Capital Letters)

To,
The Director, School of Thought,
North Maharashtra University,
Jalgaon 425001

Sir,

I wish to get admitted as a student for the course/Programmer: **'Post Graduate Diploma in Guiding, Heritage Studies & Tourism and Management' /Certificate Course in Buddhist Heritage** in Buddhist Study & Research center. **Post Graduate Diploma in Gandhian Thought** in Mahatma Gandhi Study & Research center, School of Thoughts. North Maharashtra University, Jalgaon.

I have carefully read the instructions given in the form.

Date: / /2016

Place:

Name & Signature of the Candidate

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PARTICULARS OF THE CANDIDATE

1. Name in full _____
SURNAME NAME FATHER'S/HUSBAND'S NAME
2. Mother's Name _____
3. Address _____
(For Correspondence) _____ Pin _____
E-mail ID _____ Ph. / Mob. No _____
4. Father's /Husband's _____
Name and Address _____ Pin _____
E-mail ID _____ Ph./Mob. No _____
5. Sex : Male / Female (Make tike (√) mark for selection)
6. Nationality _____
7. Date of Birth ____ / ____ / ____

8. Details of Education :

	Name of Examination	Board/ University	Month/Year of Passing	Marks Obtained	Out -off
Board	S.S.C.				
Board	H.S.C.				
U.G.	First Year				
	Second Year				
	Final Year				
P.G.	First Year				
	Second Year				

I hereby declare that all statements made in this application to the best of my knowledge and belief are true, complete and correct. I understand that in the event of any information being found false or incorrect, my admission is liable to be cancelled.

Date: / /2016

Place:

Name & Signature of the Candidate

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Instructions:

1. Candidates seeking admission for the course should attach certified true copies of Graduate Course.
2. Incomplete applications will not be considered.

Date: / /2016

Place:

Name & Signature of the Candidate

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