उत्तर महाराष्ट्र विद्यापीठ, जळगांव-425001 NORTH MAHARASHTRA UNIVERSITY, JALGAON-425001

Those Students who will obtain the application form from web-site are requested to add Rs. 40/- towards an Application Form Fee in addition to Application fee.





Registration Form for Improvement of Class / Percentage of Marks

- A) The Candidate is requested to go through the general rules provided with this form before filling up the registration form. He should note that registration Fee once paid, shall not be refundable.
- B) Registration form is to be submitted only once for the course. It is valid for the period of two years from the date of registration.
- C) Examination form is essential for each attempt.
- D) Candidate must quote his Registration No., Name of the Examination at which he / she is appearing, while demanding examination form.
- E) Candidate should attach the statement of marks of the qualifying examination passed with two attested Xerox Copies, of it.

	, ,	name)	
SURNAME)	(NAME)	(FATHER'S / HUSBAND'S	NAME)
Also in Devnagari Sc	ript :)
ldress for correspond	lence :		
Subject:			
Previous Permanent 1	Registration No.		
	Mor	nth & Year :	
Seat No. :			
<u> </u>			

Sr. No.	Title of Theory Paper Offered
1.	
2.	
3.	
4.	
5.	

N. B.: Once subject's offered in above column shall not be allowed to change in any case.

(P.T.O.)

7. Strike out whichever is not applicable. **Class Obtained Desire for Improvement** Pass Class 1. Second Class OR At least 55% Marks OR First Second Class At Least 55% Marks OR First Class **EMPLOYER'S CERTIFICATE** _ hereby certify that Shri./Smt. _____ is serving with us ____ form _____ to_____. He / She is known to me and bears good moral character. Place: ____ Date: / / (Signature) Designation Stamp or Seal of the Issuing Authority **CERTIFICATE** I, cetify that above named candidate is an ex. Student of this College / Department / Institution. I request to register his / her name for Improvement of Class / Percentage of marks _____ (Name of Examination). He / She is known to me & bears good moral character. Place : _____ Date: / / (Signature) Seal of Principal / Head of the Dept. / Director of Institution

I declare that all information given above is true to the best of my knowledge. Further, I have carefully gone through all rules and regulations for Improvement of Class / Percentage of Marks.

Place : ______
Date : / / Candidate's Signature