

**ANTARRASHTRIYA BAUDH SHODH SANSTHAN, LUCKNOW**

**(Department of Culture U.P.)**

Phone No. - 0522-2307404,

**(CONSTITUENT OF BHATKHANDE SANSKRIT UNIVERSITY, LUCKNOW)**

**Graduate Course(B.A. I<sup>st</sup> Year)**

**Admission Form (2023-24)**

Form No. -----

Date-----

- 1- Session : \_\_\_\_\_  
2- Faculty : \_\_\_\_\_  
3- Course : \_\_\_\_\_  
4- Year/Semester : \_\_\_\_\_  
5- Roll Number : \_\_\_\_\_  
6- NAME ( in block letter) : \_\_\_\_\_  
7- Father's Name : \_\_\_\_\_  
8- Mother's Name : \_\_\_\_\_  
9- Nationality : \_\_\_\_\_  
10- Date of Birth : \_\_\_\_\_  
11- Gender : \_\_\_\_\_  
12- Local Address : \_\_\_\_\_  
\_\_\_\_\_  
13- Permanent Add. : \_\_\_\_\_  
\_\_\_\_\_  
14- Mobile : \_\_\_\_\_  
15- Email : \_\_\_\_\_  
16- Category (Please Tick ✓ )  GEN  OBC  SC  ST  
17- Sub Category : \_\_\_\_\_  
18- Details of Earlier Examination Passed.

Student's Signature

Verified and Forwarded

Signature of Principal along

with date and college seal

S.N.	Class/Course	Roll No.	Name of Board	Subject	Max. Marks	Marks Obtained	Marks
1.	High Scho						
2.	Intermediate						

- 19- No. Of Enclosure-----  
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I hereby declare that the information given herein is correct to best of my knowledge and believe.

Signature of Applicant