



# गोंडवाना विद्यापीठ, गडचिरोली

महाराष्ट्र शासन अधिसूचना क्रमांक २००७/(३२२/०७) विशि-५ महाराष्ट्र अधिनियम १९९४(१९९४ चा महा. ३५) च्या कलम ३ च्या पोटकलम (२) अन्वये दिनांक २७ सप्टेंबर, २०११ रोजी स्थापीत राज्य विद्यापीठ

## ( परीक्षा विभाग )

एम.आय.डी.सी.रोड, कॉम्प्लेक्स, गडचिरोली-४४२६०५

फोन नंबर ०७१३२-२२३१०४

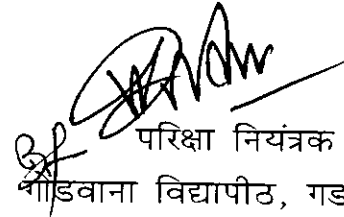
जा.क्र./गों.वि./परीक्षा विभाग/११६१/२०१५

दि. १६/०६/२०१५

## परिपत्रक

( निर्देश क्र. १५७ (A) अंतर्गत परीक्षा )

गोंडवाना विद्यापीठाशी संलग्नीत सर्व महाविद्यालयांना सुचित करण्यात येते की, विद्यापीठाचे निर्देश क्र. १५७ (A) नुसार द्वितीय वर्षाच्या सर्व पदवी व पदव्युत्तर अभ्यासक्रमाच्या अनुत्तीर्ण असलेल्या विद्यार्थ्यांकरीता १५७ (A) अंतर्गत आयोजित परिक्षेकरीता परीक्षा आवेदन पत्राचे प्रारूप विद्यापीठाच्या संकेत स्थळावर उपलब्ध करण्यात आलेले असून सादर परीक्षा फार्म संबंधीत महाविद्यालयांनी Manually अचुक भरून दिनांक २५/०६/२०१५ पर्यंत स्विकारावे तसेच मुळ गुणपत्रिका व इतर आवश्यक कागदपत्रे प्राचार्यांचे स्वाक्षरीसह व परीक्षा शुल्कासह दिनांक २९/०६/२०१५ पर्यंत महाविद्यालयांच्या संबंधीत लिपीकामार्फत विद्यापीठात सादर करावे या तारखेनंतर आलेले परीक्षा फार्म स्विकारल्या जाणार नाही, याची महाविद्यालयानी नोंद घ्यावी.

  
परीक्षा नियंत्रक  
गोंडवाना विद्यापीठ, गडचिरोली.



### Gondwana University, Gadchiroli

<http://www.gondwanauniversity.ac.in>

Application Form for Examination of Oct/ Mar - 20\_\_ event.

Course Name: \_\_\_\_\_

To complete your personalized job opportunities, Competitive Exams, Career Fairs etc., click on 'EASY' link in your 'e-Portfolio' located on <http://www.gondwanauniversity.ac.in/>. Refresh your 'e-Portfolio' account and login today!

PRN	Eligibility Status	Examination form No.:	Division/Section	Roll No.
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Instruction Medium: \_\_\_\_\_ Nationality: India

Student's Name: \_\_\_\_\_ Student's Personal Information

Name in Vernacular Language: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Taluka: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Category: \_\_\_\_\_ Physically Handicap: Yes/ No

Previous Latest Examination Details: \_\_\_\_\_ Exam form appearance type: Fresher/ Repeater Exam Event: \_\_\_\_\_ Seat No. (Status): \_\_\_\_\_

Paper Details: Please select Paper details which you want to appear (UA-University Assessment, CA-College Assessment)

SN	Paper Name	Assessment Method	UA	CA
1		Theory	<input type="checkbox"/>	<input type="checkbox"/>
2		Theory	<input type="checkbox"/>	<input type="checkbox"/>
3		Theory	<input type="checkbox"/>	<input type="checkbox"/>
4		Theory	<input type="checkbox"/>	<input type="checkbox"/>
5		Theory	<input type="checkbox"/>	<input type="checkbox"/>
6		Theory	<input type="checkbox"/>	<input type="checkbox"/>
7		Theory	<input type="checkbox"/>	<input type="checkbox"/>
8		Theory	<input type="checkbox"/>	<input type="checkbox"/>
9		Theory	<input type="checkbox"/>	<input type="checkbox"/>
10		Theory	<input type="checkbox"/>	<input type="checkbox"/>

Examination Fee Payment Details

Examination Fee	Project fee	Dissertation Fee	Provisional Degree Fee
Late Fee	Practical Fee	Viva-Examination Fee	Degree Fee
Suppl Late Fee	Processing Fee (External Students)	Examination Fee (External Students)	Total:

Payment Details: Amount Received: \_\_\_\_\_ College Receipt No. and Date: \_\_\_\_\_

DU No: \_\_\_\_\_ MICR No: \_\_\_\_\_ DD Date: \_\_\_\_\_ Bank: \_\_\_\_\_

Center Preference (Code/Name): \_\_\_\_\_

Venue Preference (Code/Name): \_\_\_\_\_

To, The Controller of Examination,  
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Declaration by Principal:  
This form is carefully scrutinized by the College staff and by me. The information printed in the form is correct to the best of my knowledge. I also undertake the responsibility of fulfillment/recognition of the information. He/she is regular student of this College and has completed the required attendance and practical course/term work (if any) according to university rules.

Place: \_\_\_\_\_ Date: \_\_\_\_\_

College Staff Signature: \_\_\_\_\_ Seal and Signature of Principal: \_\_\_\_\_

