## SAURASHTRA UNIVERSITY, RAJKOT DEPARTMENT OF COMMERCE & BUSINESS ADMINISTRATION APPLICATION FORM FOR ADMISSION

	<u>APPLICATION  </u>	<u>on form for a</u>	<u> DMISSION</u>	<u>1</u>	
Dep Sau Raj	ırashtra University, kot - 360 005	& Business Administration		Your Recently Passpor Size Photo	
Sir,		on for admission in M.Cor	n Semester-I Co	ourse for the	
aca	demic year 200	200			
and not	partment, presently in following the last so landertake that so land either inside or ou nagement and discipling	mitted, to confirm to the Rorce or that may be made ong as I am a student of the Department that e.	hereafter from of the Departme will interfere wit	time to time ent, I will do h its Orderly	
cori	rect.				
Pla	ce:		You	urs faithfully,	
Dat	re:	<del>-</del>	Signature of th	ne applicant	
1.	Name: Mr. / Miss / Mr	rs. (In Block LETTERS)			
	Father's / Mother's / S	Surname Spouse' Name	Name		
2.	Address for Correspo	ndence			
	Permanent Address				
	Contact Phone No. (V	Vith Code No.)			
3.	Sex:	Male	Fem	ale	
4.	Date of Birth:		Age		
	Place of Birth  Mother Tongue:	District	State	Э	
5.	Nationality	Indian	Fore	ign	

Other

(Attach appropriate certificate from competent authority in case you

SC

6.

Category:

belong to SC/ST/SEBC otherwise category will be deemed to be "other"
7. Are you Physically Handicapped? Yes No

ST

**SEBC** 

(If yes, attach appropriate certificate).

8. From which University you have obtained your graduate degree?

Saurashtra University Other University of Gujarat State

Other University of other State

9. Academic Information about the graduation (Qualifying Examination)

Examination	University	Year of Passing	Subject offered	Marks in %	Class Obtained
F.Y. B.Com. / B.B.A.					
S.Y. B.Com. / B.B.A.					
T.Y. B.Com. / B.B.A.					
Any Other					

\*(Attach True Copy of the Marksheet of last qualifying Exam. B.Com./B.B.A.)

- 10. Name of the College last attended (from where the Transfer is to be obtained)
- 11. Name of the University last attended (from where Migration Certificate to be obtained)
- Interest in extra-curricular activities (Please Tick mark "3")
   Games and Sports
   Music Vocal-Instrumental

Any other (Please Specify)

13. Give full details of your special achievements in extra-curricular activities (Award, Prizes, distinctions etc.)

**Note:** Incomplete application form will not be considered for admission.

I hereby declare that all the above mentioned information is true. Anything is found to be untrue; my admission right will be liable to be cancelled.

		Signature of the applicant
Place	:	
Date	:	

Form S. No. Received on

Date

Date of Interview Attended

Yes / No

Admitted Yes / No

S. No. in merit list

Optional subject allowed

Term fee Paid on Date Receipt No.

Applied for fee refund Date

Any other details

**Signature of Office Assistant** 

Signature of Head

#### **IMPORTANT NOTE**

Last Date for receiving this application Form is

Please enclose the Zerox copies of the following documents with this application :

- (a) S. C. / S. T. Certificate in prescribed proforma for claiming benefit of reservation of seats, if applicable.
- (b) Marksheet of Last qualifying examination passed.
- (c) Leaving Certificate for birth date verification.
- (d) Extra curricular activities, certificate in their support.
- (e) SEBC Candidates are required to submit certificate to denote that they do not come under the creamy layer category of SEBC. for the immediately proceeding year.

You must bring original Certificates, marksheet etc. at the time of personal interview only.

# SAURASHTRA UNIVERSITY, RAJKOT DEPARTMENT OF COMMERCE & BUSINESS ADMINISTRATION APPLICATION FORM FOR ADMISSION

To,

Dep Sau Rajl	Department of Commerce & Business Administration Saurashtra University, Rajkot - 360 005							
Dep and noth mar	I submit this application academic year 200	ted, to confirm to the e or that may be made as I am a student the the Department that	Rules and Regula de hereafter from t of the Departmen at will interfere with	ations of the time to time nt, I will do n its Orderly				
Place Date	ce:		You Signature of th	ırs faithfully,  e applicant				
1.	Name : Mr. / Miss / Mrs.	(In Block LETTERS)						
	Su Father's / Mother's / Spo	rname ouse' Name	Name					
2.	Address for Correspond Permanent Address	ence						
	Contact Phone No. (with	Code No.)						
3.	Sex:	Male	Fema	ale				
4.	Date of Birth:		Age					
	Place of Birth	District	State	)				
	Mother Tongue :							
5.	Nationality	Indian	Forei	gn				
6.	Category : SC Other	ST	SEBC					

(Attach appropriate certificate from competent authority in case you belong to SC/ST/SEBC otherwise category will be deemed to be "Other"

7. Are you Physically Handicapped? Yes No (If yes, attach appropriate certificate).

8. From which University you have obtained your graduate degree?

Saurashtra Other University Other University
University of Gujarat State of other State

9. Academic Information about the graduation (Qualifying Examination)

Examination	University	Year of Passing	Subject offered	Marks in % Obtained	Class Obtained
F.Y. B.Com. / B.B.A.					
S.Y. B.Com. / B.B.A.					
T.Y. B.Com. / B.B.A.					
M.Com. SemI					
M.Com. SemII					
Any Other					

<sup>\*(</sup>Attach True Copy of the Mark sheets of M.Com. Sem.-I and Sem.-II)

10. Interest in extra-curricular activities (Please Tick mark "3")

Games and Sports

Music Vocal-Instrumental

Any other (Please Specify)

- 11. Give full details of your special achievements in extra-curricular activities (Award, Prizes, distinctions etc.)
- 12. I want to select Finance Group or Advance Management Accounting Group as my specialization for M.Com. Semester Scheme degree course.

Note: Incomplete application form will not be considered for admission.

I hereby declare that all the above mentioned information is true. Anything is found to be untrue; my admission right will be liable to be cancelled.

Date :	
Place:	Signature of the applicant

Form S. No. Received on

Date

Date of Interview Attended

Yes / No

Admitted Yes / No

S. No. in merit list

Optional subject allowed

term fee Paid on Date Receipt No.

Applied for fee refund Date

Any other details

Signature of Office Assistant Signature of Head

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You must bring original Certificates, mark sheet etc. at the time of personal interview only.

## **RECEIPT**

Received Admission Form No.		From
Shri		Personally / by post
Inward No. :	Date:	
Inward No.:	Date:	

**Signature of Office Assistant** 

## SAURASHTRA UNIVERSITY, RAJKOT DEPARTMENT OF COMMERCE & BUSINESS ADMINISTRATION APPLICATION FORM FOR ADMISSION

To, **Professor & Head,**Department of Commerce & Business Administration
Saurashtra University,
Rajkot - 360 005

Your Recently Passport Size Photo

Sir.

I submit this application for admission in M.Phil (Commerce) Course for the academic year 200...... - 200.....

I hereby agree, if admitted, to confirm to the Rules and Regulations of the Department, presently in force or that may be made hereafter from time to time and I undertake that so long as I am a student of the Department, I will do nothing either inside or outside the Department that will interfere with its Orderly management and discipline.

I give below the necessary particulars. All the statements made by me are correct.

Yours faithfully,

Place : Date :

Signature of the applicant

1. Name: Mr. / Miss / Mrs. (In Block LETTERS)

Surname Name

Father's / Mother's / Spouse' Name

2. Address for Correspondence

Permanent Address

Contact Phone No. (With Code No.)

3. Sex: Male Female

4. Date of Birth:

Place of Birth District State

Mother Tongue:

5. Nationality Indian Foreign

6. Category: SC ST SEBC

Other

(Attach appropriate certificate from competent authority in case you belong to SC/ST/SEBC otherwise category will be deemed to be "other"

7.	Are you Physically Handicapped?	Yes	No
	(If yes, attach appropriate certificate).		

8. From which University you have obtained your Post-graduate degree?

Saurashtra University Other University of Gujarat State

Other University of other State

9. Academic Information about the graduation and Post-graduation : (Qualifying Examination)

Examination	University	Year of Passing	Subject offered	Marks in % Obtained	Class Obtained
T. Y. B.Com. / B.B.A.					
M.Com. SemI					
M.Com. SemII					
M.Com. SemIII					
M.Com. SemIV					
M.Com.(Final)					
(Annual Scheme)					

<sup>\*(</sup>Attach True Copy of the Mark sheets of M.Com.-I to IV or M.Com. Part-I & II).

- 10. Name of the College last attended (from where the Transfer is to be obtained)
- 11. Name of the University last attended (from where Migration Certificate to be obatained)
- Interest in extra-curricular activities (Please Tick mark "3")
   Games and Sports
   Music Vocal-Instrumental
   Any other (Please Specify)
- 13. Give full details of your special achievements in extra-curricular activities (Award, Prizes, distinctions etc.)

**Note:** Incomplete application form will not be considered for admission. I hereby declare that all the above mentioned information is true. Anything is found to be untrue, my admission right will be liable to be cancelled.

Date	:	
Place	:	Signature of the applicant

Form S. No. Received on

Date

Date of Interview Attended

Yes / No

Admitted Yes / No

S. No. in merit list

Optional subject allowed

Term fee Paid on Date Receipt No.

Applied for fee refund Date

Any other details

Signature of Office Assistant Signature of Head

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Inward No.:	Date :	

**Signature of Office Assistant** 

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Pr	of	es	so	r	&	H	lead	I,
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Department of Commerce & Business Administration Saurashtra University, Rajkot - 360 005

Sir.

Your Recently Passport Size Photo

I submit this application for admission in M.Phil (Accounting & — Finance) (Self Finance) course for the academic year 200...... - 200.....

I hereby agree, if admitted, to confirm to the Rules and Regulations of the Department, presently in force or that may be made hereafter from time to time and I undertake that so long as I am a student of the Department, I will do nothing either inside or outside the Department that will interfere with its Orderly management and discipline.

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Surname Name

Father's / Mother's / Spouse' Name

2. Address for Correspondence

Permanent Address

Contact Phone No. (with Code No.)

3. Sex: Male Female

4. Date of Birth:

Place of Birth District State

Mother Tongue :

5. Nationality Indian Foreign

6. Category: SC ST SEBC

Other

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7. Are you Physically Handicapped? Yes No (If yes, attach appropriate certificate).

8. From which University you have obtained your Post-graduate degree?

Saurashtra Other University Other University
University of Gujarat State of other State

9. Academic Information about the graduation and Post-graduation : (Qualifying Examination)

<b>Examination</b>	University	Year of	Subject	Marks in %	Class
		<b>Passing</b>	offered	Obtained	Obtained

T. Y. B.Com. / B.B.A.

M.Com. Sem.-I

M.Com. Sem.-II

M.Com. Sem.-III

M.Com. Sem.-IV

M.Com. (Final)

(Annual Scheme)

\*(Attach TrueCopy of the Marksheets of M.Com.-I to IV or M.Com. Part-I & II).

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Yes / No

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**Signature of Office Assistant**