



# MAGANBHAI ADENWALA

## MAHAGUJARAT UNIVERSITY, NADIAD

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Email : office@mamuni.edu.in, Web : www.mamuni.edu.in

Student  
Passport Size  
(35mm X 45mm)  
Photo

### UNIVERSITY EXAMINATION FORM

#### INSTRUCTIONS:

1. This Examination form should be filled by the candidate in his/her own handwriting.
2. Fill all details in CAPITAL Letter
3. Separate examination form should be filled for each Semester / Exam.
4. UID / Aadhaar No : \_\_\_\_\_

Faculty of \_\_\_\_\_ Course Name : \_\_\_\_\_

Roll No : \_\_\_\_\_ University Enrollment No : \_\_\_\_\_

[BAMS / M.D.(Ayur) / Ph. D / B.Sc. (N) / P. B. B. Sc. (N) / M.Sc.(N)/ BCA/MLT/PG Diploma / Fellowship]

(1) Full Name \_\_\_\_\_

(As per the HSC Marksheet)

(2) Full Name of Father/Husband \_\_\_\_\_

(3) Permanent Address \_\_\_\_\_

Pincode \_\_\_\_\_

City \_\_\_\_\_ Dist. \_\_\_\_\_ State \_\_\_\_\_

(4) Mobile No. \_\_\_\_\_ Father Mobile No. \_\_\_\_\_

(5) Email id \_\_\_\_\_

(6) Birth Date (DD/MM/YYYY) \_\_\_\_\_ Gender (Male/Female) \_\_\_\_\_

#### Examination Information

Title of the Exam where Appearing : \_\_\_\_\_

Exam Centre : \_\_\_\_\_ All Theory  All Practical  Part Theory  Part Practical

SN	Subject Code	Title of the Subject	SN	Subject Code	Title of the Subject
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

(Details Overleaf)

**Previous Exam Record :**

No.	Name of Examination	No. of Attempts	Month & Year of Last Attempts	Seat No of Last Attempts	Subject Code(s) Not yet Cleard
1	First Year / 1st Semester				
2	Second Year / 2nd Semester				
3	Third Year / 3rd Semester				
4	Forth Year / 4th Semester				
5	5th Semester				
6	6th Semester				
7	7th Semester				
8	8th Semester				
9	9th Semester				
10	10th Semester				

**DECLARATION BY THE CANDIDATE'S**

1. I certify that this examination form has been filled by me and the information given therein is correct and I shall be personally responsible for the same.
2. I understand that if it is found later on that the information furnished above is false then my result of examination will be **cancelled**.

Place : .....

.....

Date : .....

Candidate's Signature

**Office Use Only****(To be certified by the Dean of Faculty/HOD)****CERTIFIED THAT :**

1. The entries in the examination form have been examined as well as verified properly and found correct. The candidate is eligible to appear in the examination as per rules and regulations of MAM University.
2. The candidate has deposited the requisite fees.
3. The aforesaid candidate is not debarred from appearing at the above examination (Due to rustication, expulsion, attendance, practical's, illness etc.) and has completed the academic requirement as per rules and regulations of MAM University.

Seal

Place : .....

.....

Date : .....

Signature  
Dean of Faculty/Principal