



Arunodaya University

(Established Under Section 2(f) of UGC Act, 1956)

www.arunodayauniversity.ac.in Email : admission@arunodayauniversity.ac.in

Lekhi Village, Naharlagun, Itanagar, Distt. Papum Pare, Arunachal Pradesh- 791110

Admission Form

For Office Use Only

Enrollment No.

Application No.

Paste Your Latest Photo Not Old Than Three Months

Signature

Instruction: write in CAPITAL LETTERS:

1. Name of the Course

2. Specialization

3. Sem/ Year 4. Session:

5. Personal Information

a. Candidate Name (as per 10th Certificate)

b. Father's Name

c. Mother's Name

d. Guardian's Name (if Applicable)

Relationship

e. Date of Birth (dd/mm/yyyy) f. Gender: Male Female Transgender

g. Social Status: (Attach Caste certificate copy if applicable) • General • SC • ST • OBC • Physically Handicapped (PH)

h. Nationality • Indian • Other (specify the country name)

i. Minority • Yes • No (specify)

j. Domicile • Arunachal Pradesh • Other (in case of domicile others, Specify)

k. Aadhar (Uidai) No.

6. Contact Details

a. Communication Address (All communication by University shall be made on this address only)

City State Pin

b. Contact Number • Mobile: • WhatsApp:

• Residence:

c. Email ID

7. Academic Information

Sr. No.	Exam Passed	University / Board	Year	Percentage(%) / CGPA / Grade
a	10th			
b	12th			
c	ITI / Diploma			
d	Graduation			
e	Masters			
f	Any other Degree			

(Attach self attested photocopies of all qualifying Exams)

CHECK LIST

For Office use only

Candidate Name: _____

C V Course Applied: _____

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Candidate Name (as per 10 th Certificate/Marksheet) |
| <input type="checkbox"/> | <input type="checkbox"/> | Aadhar Card |
| <input type="checkbox"/> | <input type="checkbox"/> | Course Title and Semester (as per Eligibility norms) |
| <input type="checkbox"/> | <input type="checkbox"/> | Date of Birth Proof (as per 10th Certificate, Passport Copy) |

Proof of Educational Qualification [attested photocopy]

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 10 th Certificate & Marklist | <input type="checkbox"/> | <input type="checkbox"/> | 12 th Certificate & Marklist |
| <input type="checkbox"/> | <input type="checkbox"/> | Diploma Certificate & all sem Marklist | <input type="checkbox"/> | <input type="checkbox"/> | Graduation/Degree Certificate & Marklists |
| <input type="checkbox"/> | <input type="checkbox"/> | Masters Certificate & Marklist | <input type="checkbox"/> | <input type="checkbox"/> | Provisional Degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Original Leaving certificate OR | <input type="checkbox"/> | <input type="checkbox"/> | Original Migration Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Job(Experience Certificate/Pay slip) | <input type="checkbox"/> | <input type="checkbox"/> | Affidavit |
| <input type="checkbox"/> | <input type="checkbox"/> | Six Passport size latest colour photos | | | |

Remarks

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Checked By

Verified by

Confirmed by

Name

Name

Designation

Designation

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Date

Date

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