

13. If you are Person With Disability (PWD, Divyang), please tick ,

12. Nationality	
Write 1 - Indian, 2 - Other	

i. Visually Handicapped (VH)	
ii. Orthopedically Handicapped (AH)	
iii. Hearing Handicapped (HH)	

14. Domicile State-

15. Whether you belong to minority community if yes, please tick at appropriate box

Hindu	Muslim	Christian	Sikh	Jain	Buddhist	Parsi	Any other

16. Details of exam passed by the Candidate*

Name of the examination	University/Board	Year	Subject / Specialization	Total Marks obtained / Max. Marks	% of Marks	Remarks
High School or equivalent (10 th)						
Intermediate (10+2) level						
Graduation (10+2+3)						
Post-Graduation						
Any other examination						

17. Whether you have been reported for using UFM earlier in VET/VRET of GGV, Bilaspur? Yes/No

* The candidate should clearly & correctly mention the marks obtained and attach self attested photocopy of marks sheets of 10th, 12th, Graduation (all the years), Post Graduation (all the years) and any other examination. The candidates appearing in the qualifying examination in 2017-18 may also appear in test.

DECLARATION

- I have read the Admission Brochure 2018-19 and the text of the Application form and declare that the information furnished above by me is true to the best of my knowledge.
- I declare that I fulfill the minimum eligibility required to appear at the entrance test. In case any information furnished above by me is found wrong at any time, my candidature for the entrance test/admission to any course may be cancelled outright and I may be debarred permanently from the test and disciplinary action may be taken against me.
- I declare that I am an Indian National, have not taken part in any activity subversive of law and have not been debarred by any University / Institution for seeking admission or appearing in the test / examinations.

Date:

Signature of the Candidate
(in running handwriting)

Place:

Name _____



GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C.G.)

VISHWAVIDYALAYA ENTRANCE TEST (VET): 2018-19

VERIFICATION FORM

Examination Centre: _____

Roll No. Allotted: _____

(To be filled in by candidate in his/her own handwriting)

1. Full Name of the Candidate :-----
(in English Capital letter)
2. Father's Name :-----
3. Mother's Name :-----
4. Date of Birth :----- **Sex:** Male: Female:
5. Address :-----

**-B-
Affix
Self attested
Photograph**

Mobile Number-

6. Category Under which admission is sought (Tick category)

Category : Gen: SC: ST: OBC:

7. If PWD please tick

8. (i) **Course applied for**

9. **Specimen signature of the Candidate at the time of applying**

Signature of the candidate
<p>Candidates Thumb impression Left thumb for Male and Right thumb for Female candidate</p>

10. **TO BE SIGNED IN THE EXAMINATION HALL IN PRESENCE OF INVIGILATOR (NOT TO BE FILLED AT THE TIME OF APPLYING)**

Signature of the candidate
<p>Candidates Thumb impression Left thumb for Male and Right thumb for Female</p>
Signature of Invigilator/s