

**BAREILLY INTERNATIONAL UNIVERSITY, BAREILLY
APPLICATION FORM**

Course Name			
Candidate Name			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Fathers' Name			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Mothers' Name			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Date of Birth		Age as on 31 st Dec :	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Years..... Months..... Days	
Gender	Male	<input type="checkbox"/>	Female <input type="checkbox"/>

Academic Qualification

Level	College/ School	Board / University	Year of Passing	Subject / Stream	Total Percentage	
High School						
Intermediate						

Father Detail

Department
Place of Last Posting
Martyrs detail
Contact Details : MobileAlternate Mobile E mail (if Any)..... Postal Address

Date

Place

Signature of Candidate

Forwarding Authority

It is to certify that is son/ daughter of

His /her father was in services of and was holding the rank. His last posting was at.....

His/ her father lost life in..... while serving at.....

Date...

Place

Signature of Authority with seal

Enclosures :

- Copy of High School Certificate
- Copy of Intermediate Mark Sheet
- Copy of Martyr Certificate