



ગુજરાત કેન્દ્રીય વિશ્વવિદ્યાલય
CENTRAL UNIVERSITY OF GUJARAT

Sector – 29, Gandhinagar – 382030

Admission Form (B.Voc Course)

Academic Session 2016-17

Student Copy / Office Copy

1. Name of the Candidate: First Name: _____
Middle Name: _____
Last Name / Surname: _____
2. Father's Name: _____ 3. Mother's Name: _____
4. Date of Birth: _____ Nationality: _____
5. Gender: Male/Female/Transgender: _____ Category: _____
6. PWD: YES / NO: _____
7. Whether belongs to any minority category? (If yes, please specify):

8. Programme of Study: **B.Voc (Rational Approach to Drug Design)**

Correspondence Address	Permanent Address
City:	City:
District:	District:
Pin:	Pin:

9. Rural or Urban: _____
10. Total Annual Income: _____ Mobile No.: _____
11. E-mail Address: _____
12. Educational Qualifications: **(Last two examinations / Degrees)**

Sr. No.	Examinations	Board	Year of Passing	Subjects	Percentage of Marks
1	SSC/High School				
2	HSC/Intermediate				

13. Application fee Details:

Bank Name: CANARA BANK; Account No: 5999132000011; IFSC Code: CNRB0005999; Amount:

Reference/ Transaction ID:

All correspondence should be sent to: Dr. Prakash C Jha, Nodal Officer, B.Voc, Central University of Gujarat, Sector-30 Gandhinagar. E-mail: prakash.jha@cug.ac.in