



Dr. B.R. Ambedkar University of Social Sciences

(State University: Government of Madhya Pradesh)

Dr. Ambedkar Nagar, (Mhow), Dist. Indore (MP)
Phone (07324) 272830, 274377 Fax (07324) 272350
E-mail:- itcellbrauss2020@gmail.com

Nomination Form: Year 2021-2022

Photo

Note: Fill up the Form in (BLOCK LETTER)

Name of the Participant:	
Father's Name:	Mother's Name:
Gender:	Date of Birth:
Marital Status:	Nationality:
Religion:	Caste Category:
Domicile State:	Differently Abled(Yes/No):
Correspondence Address:	Permanent Address: Vil: Post: District: State: Pin code:
Contact No.:	Email Id:
Put Tick mark on the Course Applied: <ul style="list-style-type: none">Certificate Course in Challenges Of Counter Terrorism And Counter Insurgencies In India ()	
Please enclose the self -attested copies of the following documents duly signed by competent Authority of the Organisation/Institutions/University 1. SSC/10th Board Exam/Passing Certificate and Mark sheet	

2. HSC/12th Board Passing Marksheet
3. Graduation Passing Marksheet
4. One self-named and signed Passport size Photo
5. Aadhar Card
6. Registration & Course Fee Receipt

Declaration by the Candidate

I hereby declare that all the information given by me in this application is true and correct to the best of my knowledge and belief. I also note that if any of the above statements are found to be incorrect or false or any information or particulars have been suppressed or omitted there from, I am liable to be disqualified and my admission may be cancelled. I hereby permit the University to use, display or transfer any of the details furnished by me in this form for complying with the admission formalities.

Date:

Signature of Applicant:

Place:

Designation:

Forwarding by Competent Authority (Vice Chancellor/Head of Organisation/Department)

I hereby declare that all the information given by the Applicant in this application is true and correct to the best of my knowledge and belief. I hereby permit the University to use, display or transfer any of the details furnished by the Applicant in this form for complying with the admission formalities.

Date:

Signature of Authority

Place:

Designation:

For Office Use (BRAUSS)

Verified Details and the candidate has submitted course fees vide receipt No. _____ dated _____, Rs _____. Hence proposed for Admission.

Dealing Assistant Academics

Assistant Registrar

Registrar