



Nava Nalanda Mahavihara

DEEMED UNIVERSITY
(Ministry of Culture, Government of India)
Nalanda – 803111, Bihar, INDIA



APPLICATION FORM FOR PROFICIENCY TEST (ACADEMIC SESSION 2017-18)

Fee: ₹ 500 /-

Please Affix
Self-Attested
Recent Photograph
of the Applicant
(Not Staple)

1. Name (IN BLOCK LETTERS)
2. Father's Name
3. Date of Birth 4. Sex: (Male/Female)
4. Address for Correspondence :
-
PIN..... Tel./Mob.....
Email:
5. Permanent Address
-
PIN..... Tel./Mob.....
6. Nationality
7. Passport No. (Only for foreign students):
- Place of Issue Date of Issue: Date of Expiry:
8. Category (General/SC/ST/OBC/PH/Woma/other/specfy):
9. Course to which admission is sought:



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10. Details of Qualifying Exams:

Name of Examination	Subject	Board/University	Year	Total	Marks	Percentage
High School						
Intermediate						
Graduation						
Other (if any)						

NOTE:

i. The following self-attested certificates must be attached with the application form:

- A. Photostat copy of Matriculation certificate. (For verification of the date of birth)
- B. Photostat copy of Mark Sheet of concerned examination.
- C. Photostat copy of caste certificate. (If you are unable to attach Caste Certificate in the application you could not claim to get the benefits of reservation norms.).

ii. Submission of CLC and Emigration certificate will be must at time of admission.

11. No. of certificates attached

DECLARATION

I have carefully gone through all the details in the prospectus and if selected for admission to Nava Nalanda Mahavihara. I undertake to abide by the rules and regulations of the Mahavihara. I, the undersigned hereby certify that the information given above is correct and I am aware that providing incorrect information may result in the cancellation of admission/continuance in the Mahavihara at any stage at my cost, risk and responsibility.

Place:

Date:

Signature of the Applicant



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(ADMIT CARD)

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Recent
Photograph
of the Applicant
(Not Staple)

1. Name in full in English (IN BLOCK LETTERS)
 2. Father's Name
 3. Present Address
 4. (i) Department (ii) Class
- PIN..... Tel./Mob.....

Signature of Applicant

(For official use only)

Examination Roll No. Session

Examination Centre Examination Date

Signature of the Assistant

Signature Controller of the Examination

Sl. No.: _____

(RECEIPT)

Received application form of Mr./Miss/Mrs.

Course to which admission is sought: Department:

Signature of the Assistant