



ALIGARH MUSLIM UNIVERSITY, ALIGARH

Session 2012-2013

ADMIT CARD

(Office Copy)

Application No. _____

Name of the Candidate _____

Father's Name _____

Affix
(Do not staple)
Recent
Photograph of
size 2.5 cm x
3cm

Signature of the Principal

Medium of the test / instruction (Tick any one)

 English

 Urdu

Tick (P) any one of the following:

Class	Date of test	Time	Name of the Test Centre
<input type="checkbox"/> I	21.04.2012	04:00 p.m. to 06:00 p.m.	
<input type="checkbox"/> VI	22.04.2012	04:00 p.m. to 06:00 p.m.	
<input type="checkbox"/> IX	23.04.2012	04:00 p.m. to 06:00 p.m.	



ALIGARH MUSLIM UNIVERSITY, ALIGARH

Session 2012-2013

ADMIT CARD

(Provisionally Allowed)

Application No. _____

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<input type="checkbox"/> IX	23.04.2012	04:00 p.m. to 06:00 p.m.	

Signature of the Candidate
(in EXAMINATION HALL)

Invigilator's Signature

CANDIDATE'S SLIP

Name _____ Roll No. _____ Class _____ Medium _____

Invigilator's Signature

**PROFORMA/ CERTIFICATE FOR CLAIMING ADMISSION UNDER
CHILDREN OF EMPLOYEE CATEGORY
ALIGARH MUSLIM UNIVERSITY, ALIGARH**

(A) Particulars relating to employee:

1. Full Name of the Employee (with ID No.) _____
(In English CAPITAL Letters)
2. Designation and Department _____
3. Nature of Employment : Permanent _____ Probation _____ Temporary _____
4. Date of first continuous appointment _____
5. (a) Whether in Service at the time of submission of Application Form: Yes/ No. _____
(b) If no, the date of retirement (if already retired)/ Died in Harness _____

(B) Particulars of the candidate in respect of whom certificate is required:

1. Full Name of the Son/ Daughter _____
(in English CAPITAL Letters)
2. Date of Birth of Son/ Daughter _____
3. Class for which Certificate for admission is required (please tick) I VI IX

I, _____ hereby declare that the entries made above are true to the best of my knowledge and belief. I further undertake that in case any information is proved false subsequently, the admission of my son/ daughter shall be cancelled and my son/ daughter may not be allowed to take admission in any course of study offered by AMU in future. In addition, administrative action as per University Rules may be taken against me.

Date: _____

Signature of employee _____

Verified the above information

Signature of Head of the Dept./ Office
With Seal & Date

Note: University employee means 'regular employees' who are getting/ got their salaries from the University Budget. Children of Employees working in Dawakhana Tibbiya College/ AMU Press/ SS Mart/ Daily Wage Workers/ Fixed Salary Workers/ Research Projects staff etc. are NOT ELIGIBLE to claim this benefit.