

COUNCIL OF UNIVERSAL BUDDHIST UNIVERSITY
NAGPUR (MAHARASHTRA)

Admission/Examination Form

Institute/Centre/Study Centre/Examination Centre Name:

Student Name(In English)_____

Father's Name (In Eng.) _____

Mother's Name (In Eng.)_____

Date of Birth: _____ Class_____

Residence Adress :

Village_____ P.O. _____ Mohalla_____

St. No._____ Tehsil_____ Distt._____

Pin Code_____ Phone No.(Own) _____ Resi_____

Other_____ Session / Year :

Previous Qualifications

Sr.	Class	Roll No.	Session	School/Distt.	Board	Result
1.						
2.						
3.						
4.						

Subjects Offered:

Sr.	Subjects	Medium	Sr.	Subjects	
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Above detail is given by me (Student/Candidate) and I have read and understood and accept the rules and regulations, terms (offline and online) and conditions of Council of Universal Buddhist University and agree to abide by them.

Sign. Of Candidate:

Signature and Stamp of Institute

(In Eng.)_____