



Banaskantha District Kelavani Mandai
Managed

G. D. MODI COLLEGE OF ARTS



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"A" Grade by AAA (KCG, Gujarat) | Reaccredited "B+" Grade by NAAC

Date:14/08/2026

**BA વર્ષ: ૨૦૨૧-૨૨ તથા MA વર્ષ: ૨૦૨૩-૨૪ કે ત્યારબાદના
પ્રથમ વર્ષમાં પ્રવેશ મેળવેલ વિદ્યાર્થીઓ માટે જ**

B.A. Sem.- 6 અને M.A. Sem.- 4

વિદ્યાર્થીઓની પૂરક પરીક્ષા ફોર્મ અંગે

સપ્ટેમ્બર-૨૦૨૬ના ગાળામાં લેવાનાર B.A. SEM- 6
અને M.A. Sem. - 4માં અગાઉના સત્રમાં જે વિદ્યાર્થીઓ
નાપાસ થયેલ હોય, તેવા વિદ્યાર્થીઓના પૂરક પરીક્ષા ફોર્મ
તા.૨૫/૦૮/૨૦૨૬ સુધી કાર્યાલયમાં સવારે ૧૦:૦૦ થી
૧૨:૦૦ વાગ્યા સુધી સ્વીકારવામાં આવશે.

ફોર્મમાં મથાળે એનરોલમેન્ટ નંબર, નામ, વર્ષ અને વિષય અચૂક લખવું.

1. ATKT Exam Form (નીચે સામેલ છે.)

2. પાસપોર્ટ ફોટો - ૦૧

3. નાપાસ થયેલ સેમેસ્ટરની માર્ક્સીટની બે- (02) નકલ

4. અગાઉના સેમેસ્ટરોની તમામ માર્ક્સીટની એક-એક (01) ઝેરોક્ષ

B.A. Sem.- 6 : 355 / -

M.A. Sem.- 4 : 405 / -

Principal
G. D. Modi College of Arts
PALANPUR-385001

Faculty _____

Sem _____

Abbreviated name of the College :

(To be entered by the College office) _____ City _____

IMPORTANT : 1. Write only BLOCK LETTERS to fill in required with DARK BALL POINT/GEL PEN.

2. Leave a BLANK SPACE between words. 3. Last date for receipt of completed application form : _____

HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY

APPLICATION FOR ADMISSION TO THE _____ -Sem- _____

EXAMINATION JUNE / DECEMBER, 20 _____ Student's ID.No _____ Roll No. _____ Admission fee Rs. _____

To,
The Registrar,
Hemchandracharya North Gujarat University,
PATAN (N.G.) 384 265.

To be filled in English by the college

Sr. No. of Applicant _____ 1 _____

College Code _____

Center Code _____

Appearing whole Part ☐ in Box

1 Whole 2 Part

Combination Code : _____

Sir,
I request permission to present my self for the ensuing
_____ Sem- _____ Examination and remit here
with the prescribed fee of Rs. _____ (including Marksheet fees.)

I hereby declare that since my last appearance at this examination
from this college. I have not joined any other college for prosecuting studies
for this examination.

Place : _____

Date : _____ Signature of Students _____

1. EXAMINATION PARTICULARS

1. ** Centre chosen for the _____
examination _____

2. Name of the College _____
_____ City _____

3. Medium of Examination _____

4. Name of the subject in which appearing (Mention Subject,
Elect.&Sub.Code)

Subject	Type	Sub.Code
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		

Enrollment No _____

Sex : ☐ 1 Male 2 Female**Write the subjects****in which Repeater appearing in part**

Subject	Type	Sub.Code
1		
2		
3		
4		
5		
6		
7		
8		
9		

2. PERSONAL DETAILS
(WRITE IN ENGLISH CAPITAL LETTERS ONLY)

Surname : _____ Name : _____
Father's /Husband's Name : _____ Mother's Name : _____
Full Resident Address : _____
City : _____ Mobile _____
Ta. _____ Dist : _____ Pin : _____
Category : ☐ 1. Open 2. SC 3. ST 4. NT/DNT 5. SEBC 6. OBC 7. PH 8. Other

Year & Month of Passing the Last Degree Examination

NAME OF EXAMINATION	MONTH & YEAR	NAME OF THE UNIVERSITY/Board	SEAT NO.	CENTER
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I hereby give an undertaking that I will not practise or resort to any unfair means directly or indirectly in or outside the examination hall during the examination and also after it is completed and if I am found doing so, action as may be taken by the authorities of the University against me as per University's rules, norms and conventions shall be binding upon me.

Yours faithfully,

Place : _____

Date : _____

(Signature of the Candidates)

CERTIFICATE TO BE SIGNED BY THE PRINCIPAL OF THE COLLEGE/HEAD UNIV. DEPT. AT WHICH THE CANDIDATE HAS STUDIED.

(1) I Certify that Shri / Kum. / Smt. _____ after passing the _____ Examination from _____ University in the month of _____ 20 _____ has kept SEM _____ in my college by attending for the number of days specified below and by completing to my satisfaction prescribed course of study for _____ Examination

Semester _____	No. of days attended _____	Out of Total days _____	Remarks : If an ex. student state the Seat No. & Year in which appeared last _____
Satisfaction Attendance Required in Appearing Exam: _____			

From the _____

- (1) The attendance report for the _____ term will be sent to the University by the end of _____ term
- (2) I further certify that, to the best of my knowledge and belief he/she is a person of good conduct and that he/she has my permission to present himself/herself at the ensuing Examination.
- (3) I also certify that the details filled in this form by the student have been verified and are found correct as per the college records.
I also certify that he/she obtained from the University Office the Final Eligibility Certificate No. _____
- (4) date _____ it has been checked and found that code of classification filled in herein above correct as per college/University Department's records.

Place : _____

Signature of Principal/Head Of Department _____

Date : _____

Name & Stamp of College/Department _____