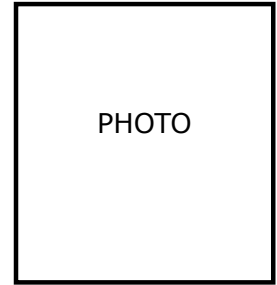




**MAHARAJA BIR BIKRAM UNIVERSITY
AGARTALA, TRIPURA.**

Form No.:

APPLICATION FORM FOR ADMISSION



Academic Year: DEPARTMENT :
SEMESTER : COURSE :

Name of the University: **MAHARAJA BIR BIKRAM UNIVERSITY**

Name of the Candidate :

Father's Name :

Mother's Name :

Date of Birth :

Gender :

Category :

Nationality:

Religion :

Mobile No. :

Present Address / Address of the Local Guardian:

Present Address :

Pincode :

State :

Email Id :

District :

Permanent Address

Permanent Address :

Pincode :

State :

District :

Father's/ Mother's

Occupation:

Annual Family Income

(Rs.):

University Registration
No.

Previous Semester Exam Roll No:

Date :

Signature of the Candidate

For Office Use Only

Recommendation for admission after verification of the above information:

**Signature of the HOD/In-Charge
Dept. of IMD in Chemistry/IMD
in Commerce.**

**Signature of the Registrar
MBB University**