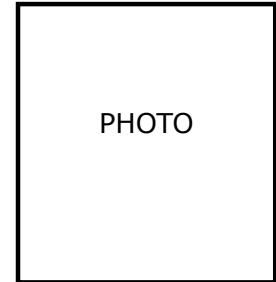




**MAHARAJA BIR BIKRAM UNIVERSITY  
AGARTALA, TRIPURA.**

**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 .....**

**Signature of the Registrar**  
**MBB University**