DEPARTMENT OF COMPUTER SCIENCE AND APPLICATION



ATAL BIHARI VAJPAYEE UNIVERSITY, BILASPUR (C.G.)

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**Application form for Admission in Semester**

1. Name of Student: …………………………………………………………….
2. Father’s Name: ……………………………………………….........................
3. Academic Session: ……………………………………………………………
4. Class & Semester: …………………………………………………………….
5. Email Id: ………………………………………………………………………
6. Mobile No. : …………………………………………………………………...
7. Enrolment No. : ……………………………………………………………….
8. Detail of last examination passed:
   1. Roll No. ………………………………………………………………..
   2. Result of last examination (Write percentage if passed) ………………
   3. Mention name of ATKT subject (if any)
      1. …………………………….....
      2. ……………………………….
      3. ……………………………….
9. Detail of fee paid:
   1. Amount ………………..............
   2. Date ……………………………
   3. Receipt No. …………………….

Date : Students Signature

Declaration by Teacher Incharge

I hereby declare that the above student is eligible to take admission in ………………………… and fee paid by him/her is as per rule.

Date : Signature of Teacher Incharge

Date : Signature of HOD