



APPLICATION FORM TO APPEAR IN ATKT EXAMINATION

To,
The Controller of Examinations
GSFC University, Vadodara

Sir,

I want to appear for the ATKT Examination in the month of _____ My relevant details for the said examination are mentioned below.

Name of Student _____ Roll No. _____

Programme _____ Branch _____ Year of admission _____

S.N.	Subject Code	Subject Name	Semester

Total No. of ATKT Subjects: _____ Total Amount Paid(Attach Fee receipt): _____

CANDIDATE DECLARATION:

1. I certify that this application has been filled by me and the information given therein is correct and I shall be personally responsible for the same if proved false later on.
2. I Accept to abide by all the rules and regulation of examination as prescribed by university.

Place:.....

Date:.....

.....
Candidate Signature

Full Name.....

(To be certified by the Dean/Associate Dean)

CERTIFIED THAT:

1. The entries in the application form have been examined and verified properly and found correct. The candidate is eligible to appear in the examination as per the university policy.
2. The candidate has deposited the requisite fees.
3. The aforesaid candidate is not debarred from appearing at the above examination and has completed the academic requirements as per the university norms.

Signature of Course Coordinator
with date

Signature of Dean/Associate Dean
with date