GLA UNIVERSITY MATHURA
Recognised by UGC Under Section 2(f)

Accredited with A Grade by NAAC

ENTRANCE REGISTRATION FORM
Session: 2018- 19

17 Km. Stone, NH#2, Mathura-Delhi Highway,
P.O. - Chaumuhan, Mathura - 281 406 (U.P.) INDIA
Tel. : +91-5662-250900, 250909; Mob.: +91-8171568270
Website - www.gla.ac.in

(Affix your self-attested recent photograph)

1. Write the Name of the Course you are applying for

2. Branch Preferences (If any)

Branch-1 | Branch-2 | Branch-3

3. Write Name details as appeared in the Mark Sheet of High School / 10th.

First Name | Middle Name | Last Name

4. Gender :   Male ☐   Female ☐

5. Date of Birth (as in Class X mark-sheet)

Day | Month | Year

6. Category* :   SC ☐   ST ☐   OBC ☐   General ☐

7. Address :

8. Mobile No.*

9. Phone No.

10. State*

11. District*

12. Pin Code*

13. E-mail ID*

14. Father's Name (as given in mark-sheet of class-X) :

15. Father's Mobile*

16. Educational Qualification

Name of Examination	Stream	Subjects	Appearing	Marks in %	Medium of Course	Roll No.	Passing Year	Board/ University
High School								
Intermediate (10+2)								
Graduation (Pl. Specify)								
PG/ Any Other (Pl. Specify)								

17. In case you have appeared in any other entrance exam, mention the same along with general category score/rank.

1. Exam. Name | Score/Rank   2. Exam. Name | Score/Rank   3. Exam. Name | Score/Rank

18. Entrance Test Fee Details

Except (D.Pharma, Diploma & B.Ed.)   For (D.Pharma, Diploma & B.Ed.)
☐ Rs. 700/-   ☐ Rs. 500/-
DD No. _____ Dt. _____
(Attach a DD in favour of "GLA University" payable at "VRINDAVAN")

19. Preferred Test Center and Date

Center _____ Dt. _____
(There is no guarantee that candidate will be allotted the preferred center and date)

This form can be submitted either by post or by hand at university campus address. You will be informed about further course of action required within 7 working days of receiving this form.

Date: **(Signature of Candidate)**

--- **To be filled by University (Not to be filled by Candidate)** ---

Cash/DD Received (by accounts office)

On (Date) :   Checked :

Name   :   Signature:

Data Entry & Response

ID :   Password:

HT Created: HT Sent:

Sign of Creator: (Signature of Admission Coordinator)