

DEEN DAYAL UPADHYAYA GORAKHPUR UNIVERSITY, GORAKHPUR

Admission Form: 2021-22

FORM NO.		
ROLL. NO.	MARKS(/)	
CANDIDATE'S NAME: CANDIDATE'S NAME(IN HINDI): FATHER'S NAME: FATHER'S NAME(IN HINDI): MOTHER'S NAME: MOTHER'S NAME(IN HINDI): GENDER: DATE OF BIRTH: CATEGORY: NATIONALITY:		
ADDRESS: DISTRICT:		

NO.:

STATE: PIN CODE: PHONE / MOBILE

ADHAAR NUMBER: CAST CERTIFICATE

NUMBER:

PARENTS INCOME:

INCOME CERTIFICATE NUMBER: RELIGION: COURSE:

SUBJECT:

WARD OF UNIVERSITY EMPLOYEE:

VISUALY

HANDICAPPED:

APPLICABLE FOR

EWS:

DECLARATION

I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE CAN BE CANCELLED.

(SIGNATURE OF APPLICANT)



DEEN DAYAL UPADHYAYA GORAKHPUR UNIVERSITY, GORAKHPUR

ADMISSION PAYMENT RECIEPT (SESSION:2021-22)



PAYMENT DATE
FORM NO/
CUSTOMER
ID.:

NAME OF CANDIDATE: FATHER'S NAME: NAME OF COURSE: EMPLOYEE WARD: SUBJECTS: CATEGORY: DATE OF BIRTH: VIS. HANDICAPPED:

SL. NO.	PARTICULAR	AMOUN
1.	विकास शुल्क	
2.	नामांकन शुल्क	
3.	पुस्तकालय शुल्क	
4.	परीक्षा शुल्क	
5.	अंकपत्र शुल्क	
6.	पंखा शुल्क	
7.	कक्षा शुल्क	
8.	प्रयोगात्मक शुल्क	
9.	चुनाव शुल्क	
10.	महगाई शुल्क	
11.	उपाधि शुल्क	
12.	रोवर्स रेंजर्स शुल्क	
13.	परिचय पत्र शुल्क	
14.	सायकिल शुल्क	
15.	यूनियन शुल्क	
16.	डेलीगेसी शुल्क	
17.	पत्रिका शुल्क	
.18.	क्रीड़ा शुल्क	
19.	निर्धन छात्र सहायक शुल्क	
20.	मेडिकल शुल्क	
21.	काशनमनी शुल्क	
1.	परिचय पत्र शुल्क	
2.	साइकिल शुल्क	
3.	मेडिकल शुल्क	
	TOTAL	
	NET PAYABLE	
	Tran	saction Number :

DEEN DAYAL UPADHYAYA GORAKHPUR UNIVERSITY, GORAKHPUR



Online Hostel Form: 2021-22

202				
	l			

FORM NO.

COURSE:
NAME OF
APPLICANT:
FATHER'S NAME:
MOTHER'S NAME:
GENDER:
DATE OF BIRTH:
CATEGORY:
NATIONALITY:
ADDRESS:
DISTRICT:
STATE:
PHONE / MOBILE

NAME OF HOSTEL: NAME OF FATHER/ LOCAL GUARDIAN:

NO.:

DO YOU WANT HOSTEL DO YOU USE ELECTRIC FAN & APPLIANCES PERMANENT ADDRESS



Paste photograph as same uploaded on portal

DECLARATION

I SOLEMNLY DECLARE THAT ALL THE INFORMATION MADE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY INFORMATION IS FOUND INCORRECT, MY CANDIDATURE/ ALLOTMENT CAN BE CANCELLED.

SIGNATURE OF FATHER/ LOCAL GUARDIAN: MOBILE NO.:

(SIGNATURE OF THE APPLICANT)