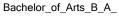


Kavayitri Bahinabai Chaudhari North Maharashtra University, Jalgaon

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Stuc	dent's Name: THAI	KARE RUPALI RAV	/SAHEB	Mother's Name: RANJANABA				
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To, The Controller of Examination,							Place:	
I request permission to present myself for the ensuing examination. I have remitted the prescribed fee for the same. I hereby declare that all statement made in this application are true, complete and correct to the best of my knowledge and belief. I have gone through the syllabus and the list of books prescribed for the examination for which I am appearing. I shall not request for any special concession such as change in time or day fixed for university Examination etc. on religious or any other ground. I understand that in the event of any information being found false or incorrect, my candidature is liable to be cancelled or rejected.							Date:	
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