



Indira Gandhi National Tribal University Amarkantak (MP)-484887

Indira Gandhi Rashtriya Manav Sangrahalaya- Bhopal(MP)-462013

ENROLMENT FORM OF THE CANDIDATE



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| Name of the Candidate | : |
| Hall Ticket Number | : |
| Programme Name | : |
| Category | : |
| Date of Birth | : |
| Gender | : |
| Mother's Name | : |
| Father's Name | : |
| Occupation of Father | : |
| Permanent Address | : |
| Contact Number Parents | : |
| Contact Number of Candidate | : |
| Emails Id of the Candidates | : |

I hereby fully endorse the above particulars and I assure you that they are true and correct to the best of my knowledge and belief and I understand to inform the University if any made subsequently in the particulars submitted by me to the University.

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| Photos |
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Signature of Candidate with date

Coordinator of the Course

CoE, IGRMS

Director