



Assam Rajiv Gandhi University of Cooperative Management

A Govt. of Assam University

Recognised by UGC and member of Association of Indian Universities

Basic tinali, Gadadhar Nagar, Joysagar

Sivasagar 785665

Email: info.argucom@gmail.com

Instructions for filling up of Application form 2021 offline ([Click here for Online Submission](#))

1. Filling up the form:

- Open the application form in Acrobat Reader and fill up the provided fields
- Filling up of all prescribed fields (except MAT/ XAT/ CAT details) are mandatory.

2. Photo & Signature:

- The photo and signature should be affix on the application form. Please affix a passport size photograph on designated place and duly cross signature on it. Without signature of the applicant, the application will not be treated for acceptance.

3. Payment of Application fees:

- The applicant has to make a non-refundable application fee of **Rs. 700/-** (for General/OBC) or **Rs. 350/-** (for SC/ST-P/ST-H/PWD) through a demand draft from any bank drawn in favor of “**Assam Rajiv Gandhi University of Cooperative Management**” payable at **Sivasagar**.

Or

- Payments can be made through Quick Transfer Option in SBI Online Banking; **A/C. No. 32215250031, Sivasagar branch, IFSC: SBIN0000182, A/C Name: Assam Rajiv Gandhi University of Cooperative Management**. Purpose- Application fees. A snapshot of the payment receipt shall have to be attached with the filled in application form mandatorily.

4. Submission:

- Send the hard copy of the filled in application form and the demand draft to the University **by post/ courier/ in hand** in the address below.

For online form submission please click the link <https://forms.gle/CCzKdDwL8Fzp94eD6>

N.B: For further queries please contact us at:

Email: info.argucom@gmail.com

Phone: 94351-57530 (Admission Coordinator)

Address:

Assam Rajiv Gandhi University of Cooperative Management

Basic Tinali, Gadadhar Nagar,

Joysagar, Sivasagar-785665



ASSAM RAJIV GANDHI UNIVERSITY OF COOPERATIVE MANAGEMENT, SIVASGAR

APPLICATION FORM 2021



Course
Opted For:

Application No.
(Office Use
Only)



APPLICANT NAME:

FATHER'S NAME:

MOTHER'S NAME:

ADDRESS:

CITY: STATE: PIN:

EMAIL ADDRESS: PHONE NUMBER:

DATE OF BIRTH: GENDER:

CATEGORY: BLOOD GROUP:



QUALIFYING EXAMINATION STATUS

YEAR OF PASSING: (if applicable) PERCENTAGE/
CGPA:

INSTITUTION/ UNIVERSITY:

MAT/ XAT/ CAT SCORE: MONTH & YEAR:

I hereby declare that the entries made by me in this application from are correct and true to the best of my knowledge.

PLACE: DATE:

Applicant's Signature