



## **Instructions for filling up of Application form 2019**

### **1. Filling up the form:**

- Open the application form in Acrobat Reader and fill up the provided fields
- For any doubt regarding filling up the form, please mouse over the cursor on the respective field to check the help options.
- Filling up of all prescribed fields (except MAT/ XAT/ CAT details) are mandatory.
- ☐ Mail a saved copy of filled application (without photo and signature) to [info.argucom@gmail.com](mailto:info.argucom@gmail.com) before print out.
- Take the print out of filled application form.

### **2. Photo & Signature:**

- The photo and signature should be affix only after printing out 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-NCL/MOBC) or **Rs. 350/-** (for SC/ST-P/ST-H/PWD) through a demand draft from any nationalized bank drawn in favor of “**Assam Rajiv Gandhi University of Cooperative Management**” payable at **Sivasagar**.

### **4. Submission:**

- Send the scanned copy of the filled in application form with passport size photograph and signature in the email provided below.
- On receiving the scanned form, an acknowledgement mail will be send from the Admission desk. After receiving a reply from the admission desk, the candidate should send the hard copy of the application form and the demand draft to the University **by post/ courier/ in hand** in the address to be intimated.
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**N.B: For further queries please contact us at:**

**Email: [info.argucom@gmail.com](mailto:info.argucom@gmail.com)**

**Phone: 94351-57530 (Admission Coordinator)**



# ASSAM RAJIV GANDHI UNIVERSITY OF COOPERATIVE MANAGEMENT, SIVASAGAR

## APPLICATION FORM 2019



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 form are correct and true to the best of my knowledge.

PLACE:

DATE:

*Applicant's Signature*