

**ANNEXURE 1**

**SANT GADGE BABA AMRAVATI UNIVERSITY  
Application for Registration of Graduates**

Registered Graduate Details:	New Application	For Office Use	
		Batch No.	
Register Graduate No. :		Serial No.	

Name	.....				
Date of Birth	.....	Mobile No.	.....	Email-ID	.....
Current Address	.....		College Name	.....	
Faculty	.....		Degree	.....	

*Note* :—Voting Centre will be allocated as per the order of preference, taking into consideration the availability of the Voting Centre.

Preferred Voting Centre	1) ..... 2) ..... 3) .....
Enclosures	Documents as mentioned in the Notification to be attached.

I request that my name may kindly be registered as Registered Graduate of the Sant Gadge Baba Amravati University.

I declare that, I,—

- (a) am not of unsound mind and do not stand so declared by a competent court;
- (b) am not an undischarged insolvent;
- (c) have not been convicted for an offence involving moral turpitude;
- (d) have not obtained a degree by fraudulent means ; and
- (e) am not a registered graduate of any other University established by law in the State of Maharashtra.

I declare that the information furnished in the form is true and correct to the best of my knowledge and belief. In case any information given by me is found to be incorrect or false, my application shall be liable to be rejected.

Date:  
Place:

Signature of Applicant.