



# Akhil Bharatiya Gandharva Mahavidyalaya Mandal, Mumbai

(Regn. No. 1444/1946-47; F-150/1953)

Registrar's Office : Gandharva Niketan, Brahminpuri, Miraj 416 410.

## Praveshika Pratham and Poorna

- N. B. :** (1) Fill up the Exam. form in your own handwriting either in **HINDI** or **ENGLISH** Language only.  
 (2) Read all instructions very carefully before filling up the form.  
 (3) Examination form received with false and incomplete information will not be accepted.

PHOTO

(Please Stick by Gum)  
Only for Pr. Poorna

To,  
The Registrar,  
A. B. G. M. V. Mandal,  
MIRAJ.

Sir,

I wish to appear for the \_\_\_\_\_ examination in \_\_\_\_\_  
 subject (Vocal / Name of the instrument / Kind of dance) conducted by the Mandal in April / Nov. 20 \_\_\_\_\_ session.  
 I have obtained complete training for one year from (Name of the teacher) \_\_\_\_\_  
 for the prescribed syllabus. Kindly grant me permission to appear in the examination.

### Teacher's Certificate

Certified that the candidate has completed the prescribed syllabus under my guidance. Hence, may be permitted to appear for this examination.

Stamp

Regd. No.

Signature of Teacher

Yours faithfully,

(Signature of the Candidate)

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Name : \_\_\_\_\_ Father's/Husband's Name \_\_\_\_\_ Surname \_\_\_\_\_

Address : \_\_\_\_\_

Candidate's Name (To be written in Certificate) \_\_\_\_\_

Date of Birth

Birth Certificate is required only for direct appearance in Praveshika Poorna Examination.  
 Age of such candidate must be complete for 12 years on 16th Aug. for Nov. Session and on 15th Jan. for April Session.

Examination Centre \_\_\_\_\_ Language of Answer paper \_\_\_\_\_

Last Exam. Passed/Failed

Roll No. of the Last Exam.

Session and Year of the Last Exam.

Last Exam. Centre

- Attach separate application if eligible for exemption.
- Exam. Form is liable to be rejected if xerox copy of Last Examination Certificate (Passed / Failed) is not attached.

Exam. Roll No.

( For Office use )

Exam. Roll No.

( For Office use )

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PIN ( \_\_\_\_\_ )

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