DISABILITY UNIT
(C-15, Zakir Bagh, Tarbanglaw)
ALIGARH MUSLIM UNIVERSITY, ALIGARH
APPLICATION FORM
VOLUNTEER -2019-2020

1. Name : -----------------------------------------------------
2. Class: ----------------------------------
3. Date of Birth : ----------------------------------
4. En.No. ---------------------------
5. Nationalty : ----------------------------------
6. Male / Female : -----------------------
7. Local Contact Number : ----------------------------------
   E-Mail ID. ---------------------------
8. Local Address: ------------------------------------------
   ---------------------------------------------------------
9. Permanent Address: ----------------------------------------
   ----------------------------------------------------------

10. Educational Qualification :

<table>
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<tr>
<th>Exam Passed</th>
<th>Year</th>
<th>Board/ University</th>
<th>Subject Offered</th>
<th>Division</th>
<th>% of Marks</th>
<th>Remarks</th>
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11. Any Experience as Volunteers-------------------------------

12. If Knowledge of Computer    Yes / No. ---------------

I--------------------------------------------------------------------- hereby solemnly declare that the entries made by
me in the above columns are true to the best of my knowledge and belief and if found incorrect
action may be taken against me.

---------------------------------------------------------------
( Signature of the applicant in full)

Enclosures :

01. Photo copy of Identity card 02. Continuation 03. Admission Card,

Certified that Mr. /Ms. ---------------------------------- En.No. --------------- Class ----------- Year---------
Is a Bonafied student of this Hall/ Institution.

Signature & Seal of forwarding authority
( Provost / Chairperson / Principal )