



Assam Rajiv Gandhi
**University of Cooperative
Management**
Building capacity for the the growth of cooperatives

Instructions for filling up of Application form 2018

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 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 filled application form with passport size photograph and signature assisted by demand draft to the following address **by post/ courier/ in hand**:

Admission Desk 2018

Assam Rajiv Gandhi University of Cooperative Management

2nd Floor Baruah Complex, AT Road Sivasagar,

Pin – 785640

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

Email: info.argucom@gmail.com

Phone: 7002198067(Admission Coordinator)/ 7002737790

(MBA)/9435156782/7002510229(MCA)/ 8473881883 (LLM)/ 9401679772,7002507792

(M.Com)



Please Affix Self
Attested Photograph

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