



Abhilashi University

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Approved by: H.P. Govt., U.G.C., CCIM, PCI, AICTE, BCI etc.

ISO 9001:2008 certifies, Member of AIU

AUCET: 2017-18 FORM

Name of Course: _____

Name of Applicant: _____
(In capital letters only)

Father's Name: _____

Mother's Name: _____

Date of Birth: _____

Contact No: _____

E-Mail Id: _____

Aadhar No.: _____

Address Correspondence: _____

Permanent Address: _____

Qualifying examination Passed-----Appearing-----

Percentage in qualifying examination _____

Date: _____

Place: _____

Paste

Photograph

Here

Signature of Applicant

Completed form should be sent through Email to: coeabhilashiuniv@gmail.com

For office use only

Received AUCET FORM 2017-18 of Sh. _____

S/O D/O Sh. _____

For the course _____

Allotted AUCET 2017-18 Roll No. _____

Controller of Examination