

POST-GRADUATE STUDIES
SAI TIRUPATI UNIVERSITY, UDAIPUR

ADMIT CARD (CENTRE COPY)

Roll No. _____
(Leave Blank)

Name of the Candidate: _____

Faculty for Admission: _____

Date: _____

Centre: _____

*Affix Latest
Photograph*

Signature of the Candidate

Centre Superintendent

(To be taken in the Examination Hall)

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