



Registration Form for Entrance Test – 2025-26

M.U. COLLEGE, ALIGARH

(Affiliated to CISCE, New Delhi. Affiliation No. UP-214)

Behind J.N. Medical College, Dhorra, Aligarh-202002 (U.P.) INDIA

Passport size
Recent
Photograph of
Candidate

Seeking Admission in Class: _____

Personal Details						
Candidate's Name	Place: City / Town / State	Father's Name & Occupation	Mother's Name & Occupation	Religion	Address & E-mail	Contact No.

Academic Details of Last Class				
Class Passed & Session	Marks %age of Last Exam Passed	School Name & Address	Board	Medium of Instruction English / Urdu /Hindi

Declaration

I hereby inform that the above mentioned information is correct to the best of my knowledge. If it is found incorrect you may cancel my test/admission.

Date: _____

Signature of Student

Signature of Parent

Note: Please send it to e-mail: mucollege123@yahoo.com

For other query you may call: 8191037865, 8191037863 & 8868858570