

# AdmitCard-210520100310



UGC - NET December 2020 and June 2021 Cycles  
Admit Card-Provisional



Roll Number:	CG01004404	Application Number:	210520100310	<b>Photograph</b> 
Candidate's Name :	KUSUMLATA	Father's Name	BALCHAND	
Gender :	Female	Date of Birth :	07-09-1993	
Category :	SC	Person With Disability (PwD):	NO	
Scribe :	NA			
		Candidate's Signature		

### Test Details

Apply For	JRF & ASSISTANT PROFESSOR
NET Subject	Home Science
Date of Examination	27.12.2021
Reporting / Entry Time at Centre	01:20 P.M.(IST)
Gate Closing Time of Centre	02:30 P.M.(IST)
Timing of Test	03:00 P.M. to 06:00 P.M.(IST)
Test Centre No	CG0206
Venue of Test	SANJAY RUNGTA GROUP OF INSTITUTIONS (BLOCK A) KHOKA-KURUD ROAD, BHILAI, CHHATTISGARH -490024

*V. Parashar*

Senior Director - NTA

### SELF DECLARATION (UNDERTAKING)

I, KUSUMLATA, resident of VILL PO KANWAR BLOCK GURUR, BHILAI, KANWAR, BALOD, CHHATTISGARH-491227, do hereby, declare the following:

1. That, I have read the Instructions, Guidelines and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin, Instructions and Notices related to this examination available on the website <https://ugcnet.nta.nic.in> and [www.nta.ac.in](http://www.nta.ac.in)

2. I have in the last 14 days (please tick, wherever it is applicable to you, otherwise leave blank):

a) the following flu-like symptoms:

- |   |  |
|---|--|
| • Fever: <input type="checkbox"/>         | • Sore throat/runny Nose <input type="checkbox"/>      |
| • Cough: <input type="checkbox"/>         | • Body ache: <input type="checkbox"/>                  |
| • Breathlessness <input type="checkbox"/> | • Other Please Specify: _____ <input type="checkbox"/> |

b) been in close contact with a confirmed case of the COVID-19. ('Close contact' means being at less than one meter for more than 15 minutes.)

c) not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine.

d) travelled the following cities/ country in the last 14 days prior to arriving at the Centre.

	1st City	2nd City	3rd City	4th City
Name of Cities/Country				
Date of Arrival in Centre City				

3. The health and wellbeing of our community is our first priority, therefore the centre reserves the right to deny entry to its premises.

4. I have read the detailed 'IMPORTANT INSTRUCTIONS for CANDIDATES' as given on Page-2 and 'ADVISORY for CANDIDATES REGARDING COVID-19' as given on Page-3 and I undertake to abide by the same.

Candidate's Photo (Same as uploaded on the Application Form to be affixed before reaching the Centre)	Candidate's left hand thumb impression (To be affixed before reaching the Centre)	Candidate's Signature (To be signed on the day of the Examination in the presence of the Invigilator only)
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The above undertaking has to be filled up in advance before reaching the centre, except candidate signature which has to be done in the presence of invigilator.



Mobile view

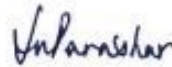


Edit

Roll Number:	CG01004409	Application Number:	210510870321	Photograph 
Candidate's Name :	TABSSUM	Father's Name	SAIYAD SAFDARALI	
Gender :	Female	Date of Birth :	21-04-1997	
Category :	GENERAL	Person With Disability (PwD):	NO	
Scribe :	NA			
 CG01004409		Candidate's Signature		

Test Details

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NET Subject	Home Science
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Test Centre No	CG0206
Venue of Test	SANJAY RUNGTA GROUP OF INSTITUTIONS (BLOCK A) KHOKA-KURUD ROAD, BHILAI, CHHATTISGARH -490024



Senior Director - NTA

SELF DECLARATION (UNDERTAKING)

I, **TABSSUM**, resident of **GANDHI NAGAR WARD NO. 39, , DURG, DURG, CHHATTISGARH-491001**, do hereby, declare the following:

1. That, I have read the Instructions, Guidelines and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin, Instructions and Notices related to this examination available on the website <https://ugcnet.nta.nic.in> and [www.nta.ac.in](http://www.nta.ac.in)

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| - Cough: <input type="checkbox"/>         | - Body ache: <input type="checkbox"/>                  |
| - Breathlessness <input type="checkbox"/> | - Other Please Specify: _____ <input type="checkbox"/> |

b) been in close contact with a confirmed case of the COVID-19. ('Close contact' means being at less than one meter for more than 15 minutes.)

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Confirmation Page

Application No.

2105 1108 3248



CANDIDATE IS REQUESTED TO RETAIN THE PRINTOUT OF CONFIRMATION PAGE FOR FUTURE REFERENCE.  
DO NOT SEND THIS PAGE TO NATIONAL TESTING AGENCY (NTA).

Personal Details

Candidate's Name	KIRTI DEVI	Date of Birth	10-09-1995
Mother's Name	NIRMALA THAKUR	Category	OBC- NCL (Central List)
Father's Name	PARMEN THAKUR	Gender	Female
Are you Single Girl Child in your family without brother or sister?	NO	If you are a PwD Candidate, do you have benchmark disability (40% or more / "Severe" where percentage is not defined) ?	No
Nationality	Indian	Do you belong to Minority Community ?	No
Name of Minority Community		Annual Income of the Parents/Guardian	Rs 50,001- Rs 2,00,000
Are You Diabetic?	NO	Subject Name in Post Graduate Exam	Home Science

Apply For

Apply For	JRF & ASSISTANT PROFESSOR	Subject Opted for NET	Home Science
1st Choice for Exam City	CHHATTISGARH - BHILAI NAGAR/DURG	2nd Choice for Exam City	CHHATTISGARH - RAIPUR
3rd Choice for Exam City	CHHATTISGARH - BILASPUR (CHHATTISGARH)	4th Choice for Exam City	MAHARASHTRA - NAGPUR

Doctorate Details

Whether already a doctoral student?	No
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Research/M.Phil/PhD/ExServiceman Details

Specialization, if Any	
Whether you Possess Research Experience in the subject of PG Degree	NO
Whether M.Phil Passed	NO
Whether Ph.D. Passed	NO
Whether you are an Ex-Serviceman ?	NO

Contact Details

Address	WARD NO 1 SANTOSH KIRANA SOTROES KE PASS	Locality	VINOBA NAGAR
City/Town/Village	JUNWANI	Country	India
State /UT	CHHATTISGARH	District	DURG
Pin Code	490020	Email Address	kir*****@gmail.com
Mobile Number	782****276	Land Line No. with STD code or any other Contact No.	--

Fee Payment Details

Payment Mode:	Pay through HDFC Bank	Transaction ID:	12455616317
Exam Fee:	500 /-	Date of Transaction:	08/03/2021 12:49:03
Fee Submitted On:	08/03/2021		

DECLARATION

I hereby declare that all the particulars given by me in this form are true to the best of my knowledge and belief and any mistake / misinformation, detected at the time of admission or at any stage in future, will result in the cancellation of admission/candidature. I have read the information bulletin and understood all the procedures. In case I furnish any false information, my result will not be declared/ my candidature will automatically stand cancelled. I shall abide by terms and conditions therein.

Images Uploaded by Candidate

Photograph



Signature

Kirti Devi

List of Document Uploaded

Photograph, Signature

IP Address : 122.175.151.229

MI DUAL CAMERA

Date of Downloading : 08/03/2021 12:50:00 P