



**Maharaja Agrasen College
University of Delhi
Vasundhara Enclave, Delhi-110096**

Date: _____

**ECA registration Form
(must be filled in CAPITAL letters)**

All columns must be filled. Incomplete form shall be summarily rejected.

1. University Registration Form No.: _____
2. Name of Applicant : _____
3. Class XIIth %age (Best of Four) : _____
4. ECA category (subcategory, if any): _____
5. ECA Rank Obtained : _____
6. Course Preference
A: _____
B: _____
C: _____
7. Mobile No. : _____
8. E-mail (in CAPITAL LETTERS) : _____

Signature of Applicant

Attested Documents and copies to be attached:

1. XIIth Class Marksheet along with Provisional and Character Certificate
2. ECA Certificates (Marked by the University)
3. University Registration Form
4. Printout of ECA Rank List
5. Xth Certificate
6. Migration and Transfer Certificate

**All these documents to be submitted with Ms. Sangeeta Counter No.2
between 9:30 AM to 1:30 PM.**