

ફેક્સ : (૦૭૯) ૨૬૩૦૨૬૫૪
ટેલિફોન : ૨૬૩૦૧૩૪૧-૨૬૩૦૦૩૪૨-૪૩
૨૬૩૦૦૧૨૬



Fax : (079) 26302654
Telephone : 26301341-26300342-43
26300126

ગુજરાત યુનિવર્સિટી કાર્યાલય,
પોસ્ટ બોક્સ નં ૪૦૧૦,
નવરંગપુરા, અમદાવાદ - ૩૮૦ ૦૦૯

ગુજરાત યુનિવર્સિટી
GUJARAT UNIVERSITY
www.gujaratuniversity.org.in

Office of the Gujarat University,
Post Box No 4010,
Navarangpura, Ahmedabad - 380 009

No. R/Students Data 2018-19/5091/2019

Date: 01/08/2019

To,
The Principals of all affiliated colleges of Gujarat University.

Sub: Provide Students Enrolment details of Academic Year 2018-19.

Sirs,

As per the direction given by the commissionerate of higher education, please provide students enrolment details of academic year 2018-19 in soft copy on e-mail address che.akdbranch@gmail.com and hard copy to
NILAM SOLANKI (RESEARCH ASSISTANT)
COMMISSIONERATE OF HIGHER EDUCATION
12/2 DR.JIVRAJ MEHTA BHAVAN
GANDHINAGAR.

Above requested information is anticipated by 08 August 2019.

Thanking You,

Registrar

Enclosure: 1. Link of Students' data format.
2. Google form.

તાકીદનું/વિનંતીથી

આદરણીય સાહેબશ્રી,

ઉપરોક્ત વિષય અન્વયે સવિનય જણાવવાનું કે માન.આયુક્તશ્રીની સુચનાનુસાર રાજ્યની ઉચ્ચ

શિક્ષણની કોલેજોની આંકડાકીય માહિતીને અદ્યતન કરવા માટે આપની યુનિવર્સિટી સલંગ

સરકારી, ગ્રાન્ટ-ઈન-એઈડ(બિન સરકારી અનુદાનપાત્ર કોલેજો, તેમજ ખાનગી(સેલ્ફ ફાઈનાન્સ)

કોલેજો/સંસ્થાની ૨૦૧૮-૧૯ની આંકડાકીય માહિતી નીચે દર્શાવેલ લીંકમાં માંગેલ માહિતી તાત્કાલિક ધોરણે

મોકલી આપવા વિનંતી.

નોંધ: લીંકમાં આપની કોલેજના AISHE Code સાથા લખવા.

Step:

૧. નીચે આપેલ Link પર ક્લિક કરો.

૨. ગુગલ form Open થશે.

૩. માહિતી ભરો અને સબમીટ બટન પર ક્લિક કરો.

લીંક :- <https://forms.gle/tE5nNtHNmx4QUxCUA>

Statistical Data

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COLLEGE NAME *

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COLLEGE TYPE *

GOVT

GRANT IN AID

SELF FINANCING

Statistical Data

forms.gle

Statistical Data

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COLLEGE TYPE *

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GRANT IN AID

SELF FINANCE



FACULTY IN COLLEGE *

ARTS

COMMERCE

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LAW

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BBA

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OTHER

COLLEGE EST_YEAR *

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AFFILIATED UNIVERSITY NAME *

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COLLEGE ADDRESS *

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COLLEGE EMAIL-ID *

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COLLEGE CONTACT NO. *

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PRINCIPAL NAME *

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PRINCIPAL MOBILE NO *

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STUDENT ENROLLMENT *

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