



APPLICATION NO.

1. SCHOOL APPLYING FOR

- | | | |
|---|---|---|
| <input type="checkbox"/> School of Technology | <input type="checkbox"/> School of Business | <input type="checkbox"/> School of Life Sciences |
| <input type="checkbox"/> School of Pharmacy | <input type="checkbox"/> School of Computer Sciences | <input type="checkbox"/> School of Natural & Applied Sciences |
| <input type="checkbox"/> School of Education | <input type="checkbox"/> School of Media & Cultural Studies | <input type="checkbox"/> School of Law & Research |
| <input type="checkbox"/> School of Allied Health Sciences | <input type="checkbox"/> School of Commerce & Accounting | <input type="checkbox"/> School of Humanities & Social Sciences |

COURSE NAME

2. COURSE APPLYING FOR

- GRADUATION POST-GRADUATION Ph.D

3. NAME OF APPLICANT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. DATE OF BIRTH

[DD]	[MM]	[YY]			

5. SEX (✓)

<input type="checkbox"/>	<input type="checkbox"/>
MALE	FEMALE

6. CATEGORY (✓)

GENERAL	DEFENCE	SC/ST	OBC

7. NATIONALITY

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. NAME OF THE ENTRANCE TEST APPEARED/APPEARING (✓)

GLOCAL APTITUDE TEST	ENGINEERING/COMPUTER SCIENCE		MANAGEMENT			EDUCATION	MASS COMMUNICATION
	IIT JEE	AIEEE	CMAT	CAT	MAT		

9. NAME OF PARENT/GUARDIAN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. ADDRESS FOR CORRESPONDENCE

PIN CODE

11. STATE CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

12. STD CODE

--	--	--	--	--

TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13.1. MOBILE NO. (PARENT/GUARDIAN)

+91																				
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13.2. MOBILE NO. (APPLICANT)

+91																				
-----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14.1. EMAIL ADDRESS (PARENT/GUARDIAN)

14.2. EMAIL ADDRESS (APPLICANT)

15. PHOTOGRAPH

PHOTOGRAPH OF APPLICANT

Paste your recent passport size colour photograph not older than 3 months. Do not pin or staple.

16. SIGNATURE OF APPLICANT AND LEFT THUMB (FOR FEMALE)/RIGHT THUMB (FOR MALE) IMPRESSION

Sign within the box without touching the edges



17. DETAILS OF 10th EXAM

YEAR	BOARD	TOTAL MARKS	MARKS OBTAINED	PERCENTAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. DETAILS OF 10+2

SUBJECT WISE MARKS 10+2

YEAR	SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS
SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BOARD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL		<input type="text"/>	<input type="text"/>	<input type="text"/>

19. DETAILS OF UG/DIPLOMA COURSE

QUALIFYING EXAM	COLLEGE	UNIVERSITY	YEAR/ SEMESTER	MAXIMUM MARKS	MARKS OBTAINED	% OF MARKS	MONTH & YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>	I SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			I YR/II SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			III SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			II YR/IV SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			V SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			III YR/VI SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			VII SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			IV/VIII SEM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. DETAILS OF DEMAND DRAFT

NUMBER	DATE	AMOUNT	BANK NAME WITH BRANCH
<input type="text"/>	<input type="text"/> [DD] <input type="text"/> [MM] <input type="text"/> [YY]	<input type="text"/>	<input type="text"/>

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I have read and understood all the provisions of admission and agree to abide by them. In the event of submission of fraudulent, incorrect or false information or suppression or distortion of any fact like educational qualification, marks, nationality etc., I understand that my admission/degree is liable for cancellation. I further understand that my admission is purely provisional, subject to the verification of the eligibility conditions.

SIGNATURE OF PARENT / GUARDIAN

SIGNATURE OF APPLICANT