

Subhartipuram, NH-58, Delhi-Haridwar-Meerut Bypass Road, Meerut, U.P., INDIA

APPLICATION FORM

NOTE: 1. Read the instructions carefully before filling up the Form.

2. Use only BLUE or BLACK ink ballpoint pen to fill up the form.

3. Fill the form in English using CAPITAL / BLOCK LETTERS only. 4. Do not fold, staple or clip the form. 1. NAME OF THE APPLICANT 2. DATE OF BIRTH 3. SEX (Tick appropriate one) 4. NATIONALITY MALE DATE MONTH YEAR FEMALE 5. COURSE: write full name of the course. COURSE 6. CATEGORY (√ & Submit Proof) ☐ GEN ☐ SC/ST ☐ OBC □ NRI ☐ FOREIGN NATIONAL 7. (a) NAME OF FATHER: 7. (b) NAME OF MOTHER: 7. (c) ANNUAL INCOME OF YOUR FAMILY (PARENTS) 8. ADDRESS FOR CORRESPONDENCE (DO NOT REPEAT NAME) 9.1 CITY 9.2. PINCODE 10. TELEPHONE NUMBER (WITH STD CODE) 12. E-MAIL ADDRESS 13. ALTERNATE E-MAIL ADDRESS 15. SIGNATURE OF APPLICANT (Sign inside the box without touching edges) 14. PHOTOGRAPH 16. LEFT THUMB IMPRESSION OF APPLICANT (Please use stamp pad for impression) PASTE your recent self attested passport size colour photograph. DO NOT STAPLE

17. DETAILS (OF 10+2 or ed	quivalent	PAS	SSED	AP	PEARIN	G 18. DETAI	LS OF QUALI	IFYING EXAM	IINATION (Only f	or PG/Diplo	ma)			
SCHOOL / COLLEGE	BOARD	SUBJECT	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	YEAR OF PASSING		SCHOOL / COLLEGE	BOARD / UNIVERSITY	YEAR / SEMESTER	MAXIMUM MARKS	MARKS OBTAINED	PERCENTAGE OF MARKS	YEAR OF PASSING	
		1.								IYR/ISEM					
		2.								I YR / II SEM					
		3.					7			II YR / III SEM					
		4.								II YR / IV SEM					
		5.								III YR / V SEM					
		6.								III YR / VI SEM					
		7.								IV YR / VII SEM					
		8.								IV YR / VIII SEM					
		TOTAL								TOTAL					
	Write Application Number, Applicant's Name and Applicant's Address on the back side of the Demand Draft) 0. Details of Manufacturing/Service units (if any) owned by your Parents/guardians/known														
I hereby deck found incorre Registration of	1. DECLARATION • I hereby declare that I have carefully read the instructions and all the particulars stated in this application form are true and correct to the best of my knowledge and belief. If any of the information provided is found incorrect, I shall abide by the actions and decisions taken by the Swami Vivekanand Subharti University. • Registration done will be valid only for 15 days. During this time minimum 50% fee should be submitted. If not, then the seat will be considered as cancelled and any amount submitted will be forfeited. The University will be free to admit any other student on the said seat thereafter.														
	SIGNATURE OF PARENT / GUARDIAN								SIGNATURE	SIGNATURE OF APPLICANT					
	Date :								Date :	Date:					
	Place:									Place :					