UNIVERSITY NAME:-..

COLLEGE OF NAME:-..

OM SHRI SHYAM DEWAH NAMHA GROUP OF EDUCATION
Dattacholi Buzurg Mandpur Tehsil Atrauli District Aligarh
Uttar Pradesh Pin Code-202133

ADMISSION FORM

PHOTOGRAPH

INSTRUCTIONS

1. Please read the form carefully before filling it.
2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
3. Please keep a photocopy of the Form, before submitting, as a ready reference.
4. Incomplete Form will not be considered.

COURSE / PROGRAMME DETAILS:

Programme Name:--

Programme Specialization :---

Session /Year:--

PERSONAL INFORMATION (IN BLOCK LETTERS)

1. **Gender (tick)** ☐ Male ☐ Female ☐ Others   Date of Birth DD - MM - YY

   (As mentioned in Matriculation Certificate)

2. **Name of Applicant**

   (As mentioned in Matriculation Certificate)

3. **Father's Name**

4. **Mother's Name**

5. **Aadhar No.**

6. **Email Id**

7. **Marital Status**

8. **Category** SC ☐ ST ☐ OBC ☐ GEN ☐ Minority ☐ EWS ☐ **In case of others Specify**

9. **Nationality** ____ **Domicle** ☐ Manipur ☐ Other **In case of others Specify**

10. **Whether differently abled** Yes ☐ No ☐ If yes, specify

CONTACT DETAILS

Permanent Address (Don't Repeat Name)
....
....
City.. State .... Pin Code ....
Permanent Mobile No. (On which all the important information to be delivered)

Parent/Guardian Name _____ Parent/ Guardian Occupation _____

Parent/Guardian Contact no._____ Mobile no_____

QUALIFYING EXAMINATION DETAILS*

Examination	Degree	Board/University	Name of School/College	Total Marks	Marks Obtained	CGPA	Year of Passing	Subject
High School								
10+2 or Equivalent								
Graduation								
Post Graduation								

* Self attested copies of certificates/marksheet should be attached.

Payment details (applicable for downloaded form only) _____

Mode of Payment	Date	Amount	Campus / Name of the Bank

DECLARATION BY CANDIDATE

I hereby declare that all the information furnished by me are correct & best of my knowledge.

Candidate's Signature_____ Parent's/Guardian Name_____

Parent's/Guardian Signature_____ Place_____Date_____