

SAURASHTRA UNIVERSITY
RAJKOT

Self attested
photo Of
student

Application Form

Program/Course : _____

Department/College(PG Center) _____

Place: _____

(To be filled in the Capital Letters Only)

1. Name of the Student: _____
(Surname) (Name)
2. Father's/Husband's/Mother's name: _____
3. Sex: Male Female Transgender
4. Date Of Birth : ___/___/___ (DD/MM/YY)
Nationality: _____
5. Category: SC ST SEBC GEN PH EWS OTHERS
(With attested Copy Of Certificate)
6. Aadhaar No. _____
7. Address for Correspondence: _____

TAL. _____ DISTT. _____ STATE. _____ PIN. _____

8. Contact: (STD Code) R: _____
Mob. _____
9. Email Address: _____

10. Educational Qualifications :

Qualification	Main Subject	Month/Year of Passing	University/Board	Class/Grade	Percentage

11. Processing Fee: Cash Receipt No. _____ Date _____ Amt: _____
DD. NO. _____ Bank: _____
Date: _____ Place: _____

Signature of Candidate

Note:

- Provision Contained in the University Ordinances/Regulations/Instructions/Rules will be applicable to the Applicant.
- Additional /Specific information will be provided by the concern Department/P.G. Center/Committee.
- If Entrance test is applicable, details of entrance will be provided by the concern Department/ P.G. Center/Committee.
- Candidate has to attach self-attested copies of Mark sheets (SSC, HSC and GUJCET), Leaving Certificate, Cast Certificate, Creamy layer Certificate, Two Photograph, Degree and Migration certificate (If applicable)
- Admission confirmation will be subjected to availability of seats as per ACPC norms.

Declaration by Candidate

I declare that all the information given by me is true to the best of my knowledge. If any information/Testimonials are found Incomplete/ False will disqualify my candidature.

Signature of Candidate