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:
1) Provision Contained in the University Ordinances/Regulations/Instructions/Rules will be applicable to the Applicant.`
2) Additional /Specific information will be provided by the concern Department/P.G. Center/Committee.
3) If Entrance test is applicable, details of entrance will be provided by the concern Department/ P.G. Center/Committee.
4) Candidate has to attach self-attested copies of Mark sheets (SSC, HSC and GUJCET), Leaving Certificate, Cast Certificate, Creamy layer Certificate, Two Photograph, Degree certificate (If applicable)

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