

Phone Number

SARDAR BHAGWAN SINGH UNIVERSITY

Balawala, Dehradun

Date of Birth Courses applying for UG PG Choice 1	Affix self
Courses applying for UG PG Choice 1	attested
Choice 2Choice 3 Category: (a) Uttarakhand	passport size photograph
Category: (a) Uttarakhand Other State (b) SC ST Sikh Minority General Ex-Student OBC Educational Qualification: Sr.No. Name of Exam Board/University Total Mark 1. 10** 2. 10+2 or equivalent 3. 10+2+3 or equivalent 4. D.Pharm	p. 10 10 8. 0. p. 1
(b) SC ST Sikh Minority General Ex-Student OBC Educational Qualification: Sr.No. Name of Exam Board/University Total Mark 1. 10** 2. 10+2 or equivalent 3. 10+2+3 or equivalent 4. D.Pharm *Indicate *** for Di	
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Correspondence Address	

Email Id _____

Permanent Address _					
Phone Number					
Application process /	/ Entrance Fee Detai	ls: (a)	Cash	Receipt No.	
		(b)	Draft	No.	
	Ba	ank	Date	e	
I solemnly affirm that	t the particulars give	n above are	true.		
Enclosures: Please	refer check list				
(1)	_ (2)	(3)		_	
(4)	(5)	(6)		_	
Date					
				Signature of the Applican	Ĺ
FOR OFFICE USE ON	ILY:				
Ref No.:	Rece	ived On.:		Roll No.	
Admit Card prepared	on				
Form found	Complete		Incomplete [
Discrepancies found					
1.					
2.					
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4.					
Candidate Informed	Not Informed	d	Date		
Checked by		Re-Checke	d by		



4.

D.Pharm

SARDAR BHAGWAN SINGH UNIVERSITY

Balawala, Dehradun

	AD	MISSION FORM	Л		
1.	(a)	Name of Candidate (IN BLOCK LE	Affix self attested		
	(b)	Name of Course	passport size photograph		
2.	(a)	Father's Name	Occupation		
	(b)	Mother's Name	Occupation		
3.	Dat	e of Birth	Nationality		
4.		sent (Correspondence) Address:			
City /	Distric	t:	_ Pin Code	State	
Phone No. (Resi)Code No			(Office)Code	No	
Mobil	le (Fath	ner's)	Email:		
Mobile (Mother's)					
5. Pe	rmane	nt Address:			
City /	Distric	t:	Pin Code	S	tate
Phone	e No. (Resi)Code No	(Office)Code _	No	
6. Ap	ply for	Scholarship: Yes	No		
7. An	nual In	come: (1) Father	(2) Mother	(3) Guardian	
(b) S(с	ST SikhMinority	General Ex-stude]
8. Edi	ucatior	nal Qualification:			
	r.No.	Name of Exam	Board/University	Total Mark	Aggregate %
1	L.	10**			
2	2.	10+2 or equivalent			
3	3.	10+2+3 or equivalent			

9. Lo	cal Guardian's (if any)	Particulars: (for H	lostelers)		
(a) Na	me		Relatio	n	
Phone	e No. (Resi) Code	No	(O)Code No.		
Mobile	e		Email:		
10.	Any extra curricular	activity (State/Natio	onal Level): Sports	Others _	
	Please provide the d	letails. (Attach as a	appendix, if required)		
11.	Are you employed?			Yes []	No []
	(If yes, attach "No	Objection Certifica	te")		
12.	Enclosures (As per	check list):			
	(1)	(2)	(3)		_
	(4)	(5)	(6)		_
	(7)				
IOINT D	ECLARATION BY THE	APPLICANT AND	THE PARENT/ GUARDIAN		
2. 3. 4. 5. 6. 7. 8.	this form are correct I undertake to obset I shall abide by the time, even though the go through the cour I undertake to fulfi appear Sessional / I shall abide by the University from time I shall faithfully carr I hold myself resport I understand that me to be incorrect.	t to the best of my rve proper standa prescribed cours hese may be at va se ordinances, wh Il mandatory 75% University examin rules and regulate to time. Ty out the instruct asible for due and by admission is lia	y knowledge, and nothing had a rds of academic conduct. The of reading and the mode ariance with those of the predict may be changed by the distance in the course nations, since I would becontion as given in the Hand Bottons issued by the Vice-chaprompt payment of fees an	as been concess of examinate vious years. I university from the ineligible fook of Informuncellor of the dall other duft the statements.	tion which may prevail from time to It will be may whole responsibility to om time to time. iiling which I will not be allowed to for the same. iation or that may be framed by the University and other authorities. es as per prescribed dates. ent furnished above, by me is found
Place: Date:					Signature of the Applicant
or his		and behavior as			ission. I hold myself responsible nent of all his / her fees and dues
Place :		Date:			Signature of the Parent / Guardian
Address	: :				
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