**ADMISSION FORM FOR PG STUDENTS-2025 THROUGH JAAP- PG ADMISSION**

Affix self attested Recent Passport

size photograph

Name of the Programme:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Student (in block letters) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. विद्यार्थी का नाम (हिंदी) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Father’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. पिता का नाम (हिंदी) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Mother’s name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. माता का नाम (हिंदी) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. Caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Category: GEN/SC/ST/OBC-NCL/EWS/KM/DF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Male/ Female: \_\_\_\_\_\_\_\_\_\_\_

10. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. PH/PWD(Physically Handicapped/ Person with Disability) : YES/ NO

12. Correspondence Address (पत्राचार हेतु पता) with Pin code :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Permanent Address (स्थाई पता) with Pin code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Parents Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. E-mail I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_17. Parents E-mail I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 19. Aadhar Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Occupation of Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_21. Annual Income of Father: \_\_\_\_\_\_\_\_\_\_\_\_

22. Occupation of Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_23. Annual Income of Mother: \_\_\_\_\_\_\_\_\_\_\_\_

. 24. Name of Local Guardian (if Any):

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(o)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(R)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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25. GATE/CEED Score : \_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_ Passing Year: \_\_\_\_\_\_\_\_\_ Valid up to : \_\_\_\_\_

26. Whether UGC NET qualified (validity during academic year) (YES/NO).............................................

27. APAAR ID……………………………………………………..

28. Extracurricular activities (if any) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

29. Academic Career: (Matriculation onwards):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Exam | CGPA/ % of Marks | Full time / Part time | Year of passing | Name of institution/University |
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**FEES DETAILS**

30. Fees receipt details:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.N.** | **Transaction No** | **Date** | **Amount** |
|  |  |  |  |
|  |  |  |  |
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(Attached Fees deposit Slip as a proof of Fees payment)

**DECLARATION**

I hereby declare that the above information are correct. If I am found guilty of furnishing wrong information, I am liable to be disqualified for admission. I promise to abide by the rules and regulation, statues, ordinance of the institute and any changes incorporated there in from time to time and to maintain discipline of the Institute.

I am aware that during the course of study, if at any stage it is found that any of the documents (Related to eligibility) is not correct then my admission will be cancelled and it will be sole responsibility of me, the Institute will be free to take any legal action as per law.

Place…………………..

Date …………………… Signature of the Applicant……………………………