



13. State of Domicile: \_\_\_\_\_ Nationality: \_\_\_\_\_

14. Permanent Address (H.No., Street, Locality, Village/City, District, State): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ (Pin Code) \_\_\_\_\_

15. Address for Correspondence: (H. No., Street, Locality, Village/City, District, State): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ (Pin Code) \_\_\_\_\_

16. Phone \_\_\_\_\_ Mobile No.: \_\_\_\_\_

(With STD code)

Alternate Mobile No. (1) \_\_\_\_\_ (2) \_\_\_\_\_

Email ID \_\_\_\_\_ Parents' email ID \_\_\_\_\_

**17. Academic Qualifications: [Attach a separate sheet if space provided is insufficient]**

School Certificate/ Degree	Name of the University/ Institution/ Board	Major Subjects	Year of Passing	Marks/ CGPA		Division/ Class	Remarks
				% of Marks	CGPA		
Matriculation/ Secondary (10 <sup>th</sup> )							
Higher Secondary / Intermediate (10+2)							
Bachelor's Degree							
Other Academic Qualification							

18. Medium of Instruction at Qualifying Exam.: English  Hindi  Other

19. Language Proficiency:

<b>Language</b>	<b>Read</b>	<b>Write</b>	<b>Speak</b>
English			
Hindi			
Others (specify)			
1.			
2.			
3.			

20. Whether pursuing any other Full-time/Part-time Degree/Diploma course. If yes, give details:

---



---

21. Scholarships, Prizes, Medals and Awards Received:

---



---



---

22. Extra-curricular Activities & Hobbies:

---



---



---

23. Work Experience: [if applicable; attach separate sheet if needed]

<b>Organization</b>	<b>Designation</b>	<b>Duration</b>		<b>Gross Salary</b>	<b>Reasons for Leaving</b>
		<b>From</b>	<b>To</b>		

24. List of Enclosures: [Please attach self attested copies of documents as proof against information given in the application form.]

- 1: \_\_\_\_\_ 2: \_\_\_\_\_
- 3: \_\_\_\_\_ 4: \_\_\_\_\_
- 5: \_\_\_\_\_ 6: \_\_\_\_\_
- 7: \_\_\_\_\_ 8: \_\_\_\_\_

**Declaration**

I declare that the information given by me in this Application form is correct. I understand that if this information is found incorrect, false or forged, at any stage, my admission in SMVD University or the degree awarded to me by SMVD University is/will be liable to be cancelled. I also agree to comply with all the rules, regulations and code of conduct of the SMVD University.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**(Signature of the Applicant)**

.....

**Parents' (Mother and/or Father) Specimen Signature:**

Mother's Signature

Father's Signature

--	--

**Name of Applicant.....**

\_\_\_\_\_

**For Office Use Only**

**Received By:**

Signature, Name & Designation of receiving official:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_ Place \_\_\_\_\_ Signature \_\_\_\_\_