



SHRI MATA VAISHNO DEVI UNIVERSITY

Katra, Kakryal-182320, J&K (India)

[Recognized under section 12(B) & 2(f) of the UGC Act, 1956]

APPLICATION FORM FOR ADMISSION

2016-17

**Affix a recent
passport size
photograph here
& attach five
more with this
form**

Please tick (✓) as applicable:

1. Program applied for:

- B.Tech. B.Arch. M.Tech. M.Sc. MCA M.B.A.
 M.Sc. (Economics) MA Ph.D.(Full-time) Ph.D.(Part –time)
 (5 Years Integrated Degree Program)

2. Department./Branch/Specialization:

- Computer Sc.&Engg. Mechanical Engg. Electronics & Comm. Engg.
 Biotechnology Architecture Manufacturing & Automation
 Mathematics Biotechnology Management Economics
 Physics Philosophy English Energy Management
 Renewable Energy

Ph.D. specialization area:.....

3. Bank Demand Draft No: _____ Drawn on: _____ Date: _____
 Amount (Rs.) _____ (in words) _____

4. Category : GEN SC ST OBC GEN (BPL) OBC (NCL)

5. Physically challenged/PD/PWD: YES NO

6 (a). Application for Lateral Entry? YES NO

6 (b). Application under NRI /Foreign Sponsored candidate category* YES NO

7. Please fill up the following (as applicable) from your JEE-Main (for B.Tech./B.Arch.); JEE?SAT etc. (for NRI/Foreign UG Seats); MAT/CMAT (for MBA); GATE (for M.Tech.) GATE/CAT/MAT/C-MAT/JAM/XAT/JMAT/SNAP/GRE/GMAT etc. (for NRI/Foreign PG Seats; GATE/CSIR/JRF/NET/INSPIRE fellowship (for Ph.D.)

(a) Examination Center Code:

(b) Roll No.:

(c) Ticket No.

(d) Test Date:
 D D M M Y Y Y Y

(e) Rank/Score:

8. Name in full: _____
 First Name Middle Name Last Name
 (In block letters as mentioned in Matriculation/Secondary School certificate)

***All relevant documents to be submitted at the time of admission**

9. Date of Birth: _____
 _____ / _____ / _____
 (Date) (Month) (Year)

10. Father's Name: _____

11. Mother's Name: _____

12. Guardian's Name: _____

13. Gender: MALE FEMALE OTHERS

14. Marital Status: MARRIED UNMARRIED

15. State of Domicile: _____ Nationality: _____

16. Permanent Address (H.No., Street, Locality, Village/City, District, State): _____

 _____ (Pin Code) _____

17. Address for Correspondence: (H. No., Street, Locality, Village/City, District, State): _____

 _____ (Pin Code) _____

18. Phone _____ Mobile No.: _____ (With
 STD code)

Alternate Mobile No.(1) _____ (2) _____

Email ID _____ Parents' email ID _____

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

20. Language Proficiency:

Language	Read	Write	Speak
English			
Hindi			
Others (specify)			
1.			
2.			
3.			

21. 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 th)							
Higher Secondary / Intermediate (10+2)							
Bachelor's Degree							
Master's Degree							
Other Academic Qualification							

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

23. Scholarships, Prizes, Medals and Awards Received:

24. Extra-curricular Activities & Hobbies:

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

Organization	Designation	Duration		Gross Salary	Reasons for Leaving
		From	To		

26. 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: _____

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.....

Branch.....

For Office Use Only

Received By:

Signature, Name & Designation of receiving official:

Name: _____ Designation: _____

Date: _____ Place _____ Signature _____