विद्या परमं बलम्

SURENDRANAGAR UNIVERSITY

Established under The Gujarat State Private University Act 2009
Wadhwan Kothariya Road, Wadhwan, Dis : Surendrdanagar
Mobile : 9909503000 / 9909504000 www.suni.ac.in / Mail : info@suni.ac.in

Center Name and Code: _____

*ENROLLMENT NO.*_____ ABC ID : _____

Admission Form

Admission Type:	**1.Scholarship (FSC- SC/ST)** ◯ **2. NTDNT** ◯ **3. ACPC.** ◯ **4. TFWS** ◯		
Course: Semester:		**Subject**	

➢ **Personal Detail**

First Name : _____
Middle Name : _____
Last Name : _____
Gender : ◯ Male ◯ Female

Date of Birth : ☐☐ ☐☐ ☐☐☐☐
Adhar Card No. : _____

Fix your passport size photo here.

Category : ◯ OPEN ◯ SEBC ◯ SC ◯ ST ◯ P.H. ◯ Others
◯ **Ex Service**

Permanent Address

_____
_____
_____

Address for Correspondence

_____
_____
_____

Phone ® : _____
Mobile No : _____
Mail ID : _____

Phone ® : _____
Mobile No: _____

➢ **Academic Detail**

Degree	Board / University	Institute/College	Stream	Medium	Year of Passing	Percentage
SSC						
HSC						
Graduation						
Master's						
Any Other						

Suffering from any Disease in past? : _____

Details of Doctor's :

About Family

Sr. No.	Name of Person	Relation		Age	Occupation

- **If your father is businessman, then select the sector:**

  ◯ **FMCG** ◯ **PHARMA** ◯ **RETAIL** ◯ **MANUFACTURING**

  ◯ **SERVICE INDUSTRY** ◯ **Others – Specify** _____

- **Father's Contact No :** _____ **Mother's Contact No :** _____
- **Residence Phone No : (_____) _____**
- **Father's Annual Income :** _____

Declaration by Student:

I certify that all the information furnished by me is correct to the best of my knowledge. I agree to abide by all the rules & regulations specified by the institute time to time.

Date : _____

Place : _____

- **LIST OF COPIES OF DOCUMENTS TO BE ATTACHED.**

1	S.S.C. (10TH MARK-SHEET)	
2	H.S.C. (12TH MARK-SHEET)	
3	BACHELOR DEGREE (GRADUATION MARK-SHEET)	
4	SCHOOL LEAVING CERTIFICATE /TRANSFER CERTIFICATE	
5	ADHAR CARD	
6	CAST CERTIFICATE (IF RELEVANT)	
7	INCOME PROOF	
8	PASSPORT SIZE PHOTO (3)	

Signature of Parents/Guardian **Signature of Student**

For Office Use Only

Date : _____

Place : _____

Checked by **Enrolled By** **Principal**