

Form No. \_\_\_\_\_

**APPLICATION FORM**

Form Fee:- Rs. 100/-



**DEPARTMENT OF ELECTRONICS  
SAURASHTRA UNIVERSITY RAJKOT  
Integrated M. Sc. (ECI)  
(Electronics, Computer and Instrumentation)  
ACADEMIC YEAR 2008 - 2009**

AFFIX  
RECENT  
PHOTOGRAPH

Note: Please fill up the form in English capital letters only

|                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Full Name:</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Surname</b>     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|-----------------------|--|--|--|--|--|--|--|
| <b>Permanent Address</b> |  |  |  |  |  |  |  | <b>Local Address:</b> |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |                       |  |  |  |  |  |  |  |
| <b>Phone No.</b>         |  |  |  |  |  |  |  | <b>Phone No.</b>      |  |  |  |  |  |  |  |
| <b>Mobile No.</b>        |  |  |  |  |  |  |  | <b>Mobile No.</b>     |  |  |  |  |  |  |  |

|             |             |               |  |   |           |           |            |             |
|-------------|-------------|---------------|--|---|-----------|-----------|------------|-------------|
| <b>Sex:</b> | <b>Male</b> | <b>Female</b> |  | <b>Caste:</b>                                   | <b>ST</b> | <b>SC</b> | <b>OBC</b> | <b>OPEN</b> |
|             |             |               |  | <b>Are you physically handicapped? Yes / No</b> |           |           |            |             |

Are you the only female child of your family? Yes / No

|                        |                     |
|------------------------|---------------------|
| <b>Date of Birth:-</b> | <b>Nationality:</b> |
| <b>Birth Place :-</b>  |                     |

|                                 |                |                        |                       |                       |                   |                      |
|---------------------------------|----------------|------------------------|-----------------------|-----------------------|-------------------|----------------------|
| <b>Education Qualification:</b> |                |                        |                       |                       |                   |                      |
| <b>Examination</b>              | <b>Subject</b> | <b>Year of Passing</b> | <b>Name of School</b> | <b>Marks Obtained</b> | <b>Max. Marks</b> | <b>Class &amp; %</b> |
| SSC                             |                |                        |                       |                       |                   |                      |
| HSC                             |                |                        |                       |                       |                   |                      |
| Other                           |                |                        |                       |                       |                   |                      |

I hereby agree, if admitted, to abide by rules and regulations of the Saurashtra University and of the Department of Electronics in force at present or that may be made hereafter and I undertake that so long I am student of the Department. I will do nothing either inside or outside the Department that will affect its orderly management and discipline. If I fail to obey the rules and regulations of the University and the Department, my admission is liable to be cancelled.

The information supplied by me is correct to the best of my knowledge

Date: -

Signature of Candidate