

Form no. \_\_\_\_\_,

Form Fee Rs.-50/-

**SAURASHTRA UNIVERSITY****DEPARTMENT OF ELECTRONICS****RAJKOT-360005****APPLICATION FORM FOR ADMISSION TO M. Sc. ( ELECTRONICS )  
(IN BLOCK LETTERS)**

Surname														
Name														
Father's Name														
Phone no.														

BIRTH DATE:-\_\_\_\_\_ BIRTH PLACE:-\_\_\_\_\_

DISTRICT :-\_\_\_\_\_ STATE :-\_\_\_\_\_

CATEGORY :- ( SC,ST,OBC,IF ANY Give details )\_\_\_\_\_

SEX:-\_\_\_\_\_ MARRIED OR UNMARRIED:-\_\_\_\_\_

NATIONALITY:-\_\_\_\_\_

Address during term time

Address during Vacation

Phone no.-

Phone no.-

Father's/Guardian's full name and address:

Father's/Guardian's occupation: \_\_\_\_\_ Yearly Income \_\_\_\_\_

Last college attended:-\_\_\_\_\_ Year: \_\_\_\_\_

Academic record:

<i>Name of Examination</i>	<i>Subject</i>	<i>Year of Passing</i>	<i>Name of Board/Uni</i>	<i>Marks Obtained</i>	<i>Maxim. Marks</i>	<i>Class &amp; %</i>
S.S.C.						
H.S.C.						
S.Y.B.Sc.						
T.Y.B.Sc.						

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 its orderly management and discipline if I fail to observe 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

**OFFICE USE ONLY**