

**SAURASHTRA UNIVERSITY
RAJKOT**



(Re-Accredited Grade "A" by NAAC)

Application form

Self Attested
Photo of
Student

Program / Course: _____

Department / College (PG Centre): _____

Place: _____

(To be filled in the Capital Letters Only)

1. Name of the Student: _____
(Surname) (Name)
2. Father's / Husband's/Mother's Name: _____
3. Sex : Male Female Transgender
4. Date Of Birth : ____/____/____ (DD/MM/YY) Nationality : _____
(As per School Leaving Certificate)
5. Category: SC ST SEBC GEN PH OTHERS
(With attested copy of certificate)
6. Address for Correspondence: _____

Ta: _____ Distt: _____ State: _____ PIN: _____

7. Contact : (STD code) R: _____ Cell : _____
Email Address : _____

8. Educational Qualifications :

Qualification	Main Subject	Month/Year of Passing	University / Board	Class/Grade	Percentage

9. Processing Fee: Cash Receipt No. _____ Date _____

Amt: _____ DD No: _____ Bank : _____ Date _____

_____ Amt: _____

Date: _____

Place: _____

Signature of Candidate

- Note :- (i) Provision contained in the University Ordinances / Regulations / Instructions / Rules will be applicable to the Applicant.
(ii) Additional / Specific information will be provided by the concern Department / P.G. Centre / Committee.
(iii) If Entrance test is applicable, details of entrance of will be provided by the concern Department / P.G. Centre/ Committee.
(iv) To be attached self attached copies of Mark sheet, Leaving Certificate, Cast Certificate, Creamy layer Certificate.

Declaration of Candidate

I declare that all the information given by me is true to the best of my knowledge. If any informations/Testimonials are found Incomplete / False will disqualify my candidature.

Signature of Candidate