



DEVSTHALI VIDYAPEETH

Affiliated to Uttarakhand Technical University, Dehradun & approved by AICTE, New Delhi
Affiliated to Kumaun University, Nainital

Affix
passport
sized
coloured
photograph

ADMISSION FORM

Course.....

Session.....

Stream.....

Enrollment No.

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Roll No.

--	--	--	--	--

Institute Roll No.

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Name of Applicant (in English)

(In capital letters as per High school certificate)

.....

(in Hindi)

.....

Father's Name

.....

Mother's Name

.....

Date of Birth

(As per High School Certificate)

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Sex

M

F

Nationality.....

Caste

Gen

SC

ST

OBC

Category

Women

Ex-Service

Handicapped

Freedom Fighter

Permanent Address

.....

.....

.....PIN.....

STD Code & Tel. No.....-.....Mobile.....

Address for Correspondence

.....

.....

.....PIN.....

STD Code & Tel. No.....-.....Mobile.....

Local Guardian, if any, with address

.....

.....PIN.....

STD Code & Tel. No.....-.....Mobile.....

Blood Group

Medical Problem (if any)

.....

School/College/University last attended

Details of Examination Passed:-

Name of Examination	Institute	Board/University	Year	Subject	% Marks
High School					
Intermediate					
Graduation					
Any other Examination					

DECLARATION

I.....Son/Daughter/Wife of Shri.....hereby solemnly declare and understand that:-

- A) The information given in the application form is correct to the best of my knowledge & belief.
- B) My admission shall stand cancelled at my own risk & cost in case information given by me is found to be false or incorrect and fee shall not be refunded
- C) My admission shall stand cancelled in the event of misconduct on my part.
- D) I shall abide by the rules and regulations of the Institute and affiliating University framed from time to time and communicated through the Notice Board/verbally.
- E) I have read the letter of undertaking, understood its contents and signed.

Note: Please enclose DD of Rs. 500/- in favour of "DEVSTHALI VIDYAPEETH" payable at Rudrapur, with application form.

Date: _____

Signature of the Applicant

<u>COUNTERSIGNED BY GUARDIAN</u>		
I have read and understood the above and consent for the same		
Date: _____	Signature _____	Name _____
		Relationship _____

<u>FOR OFFICE USE</u>	
Recommendations	Admitted/Not admitted
Date: _____	Coordinator Admissions