



# श्री रामऔतार सिंह महाविद्यालय

SHRI RAM AUTAR SINGH MAHAVIDYALAY

Sheshpur-Unwa, Bhitaura Road, Fatehpur - U.P.

Course Applied (Put a tick ✓):

- ☐ B.Voc. Degree (Healthcare)
- ☐ B.Voc. Degree (IT/ITes)
- ☐ B.Voc. Degree (Banking & Financing Services)
- ☐ B.Voc. Degree (Agriculture)

Application No:.....

(To be filled by office only)

Session: 2020-21

Recent Colour  
Photograph

APPLICANT FULL NAME(in Block capital letters):.....

APPLICANT FATHER'S NAME:.....

APPLICANT MOTHER'S NAME:.....

.....  
(Candidate's Signature)

Date of Birth (dd/mm/yyyy):..... Aadhar No: .....

CATEGORY (GEN/OBC/SC/ST):.....(Sub Category) .....Minority: YES / NO

GENDER (M/F/TG):.....NATIONALITY:..... DOMICILE STATE: .....

Whether Employee Ward: (Yes or No)..... SPORTS (Yes/No).....

KASMIRI MIGRANTS (Yes or No): .....NCC CERTIFICATE (GRADE).....

PERMANENT ADDRESS: .....

CORRESPONDENCE ADDRESS: .....

Mobile: (Parent/ Guardian)..... (Self).....

Email id:.....

**EDUCATIONAL QUALIFICATION**

SR.NO	EXAMINATION	YEAR OF PASSING	NAME OF INSTITUTION/BOARD /UNIVERSITY	ROLL NO	GRADE	PERCENTAGE
1	10th(HIGH SCHOOL)					
2	12th (INTERMEDIATE)					

**ADDITIONAL INFORMATION**

SR.NO	EXAMINATION	SUBJECT	MAX MARKS	MARKS OBTAINED
1	10th(HIGH SCHOOL)			
2	12th (INTERMEDIATE)			

**PAYMENT DETAILS**

DRAFT NO	DRAFT DATE	BANK NAME	AMOUNT (Rs.)

**DECLARATION:**

I hereby declare that I have read all the provisions in the notice/advertisement of the examination carefully and hereby undertake to abide by them. I further declare that I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc. prescribed for admission to the examination. I hereby declare that all the entries/ statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after selection the University can take action against me as per rule in case it is detected that I have misled the University on any issue then I will solely responsible for all penal consequences thereof.

Date:.....

Place.....

(Candidate's Signature)

**FOR OFFICE USE**

(Verified by)

NAME..... SIGNATURE.....DATE:.....