



Sri Sai R Group of Institutions

Opp. Phal Mandi, Sarsol, G.T. Road, Aligarh, Ph: 0571-2222034, Fax: 0571-2402188

APPLICATION FORM FOR ADMISSION

Form No. :

Course Applied :.....

Admission No. :.....

Session :.....

Affix your self attested passport size photograph

College Name:.....

Student's Name :

Father's Name :

Mother's Name :

Date of Birth : Age on is

Nationality : Religion Caste Category

Father's Occupation : Annual Income

Permanent Address :

Address for Correspondence :

Pin Code

Contact Numbers : Student-: Father-:

Mother-: Local Guardian-:

Applicant E-Mail ID : Father's

ACADEMIC RECORDS

Examination Passed	Board/University	Roll No.	Main Subjects	Year	Percentage / Total Marks
10th					
12th					
(Other)					

COUNSELLING RECORDS:.

Counselling	Roll No.	Ist Counselling Date	II nd Counselling Date	Rank

Note - Incomplete forms will not be accepted.

Original Documents Required

- 1. 10th + 12th Mark Sheets & Certificates. (In case of P.G. Student - B.A.M.S Degree & Registration)
- 2. Transfer / Migration Certificate.
- 3. Medical Fitness Certificate.
- 4. Character Certificate.
- 5. Affidavit for time to time fees payment & penalty.
- 6. Affidavit to attend regular classes & sessional examinations (75% attendance is must)

Documents to be Submitted

- 1. 5 Envelops with their complete postal address, affix 25 Rs. postal stamp on each envelope.
- 2. 5 Pass Port size Coloured & 5 Black & White Photographs. (Out of which min. 7 in college uniform)
- 3. 5 Sets zerox of all qualifying examinations.
- 4. 1 zerox of Address proof, Voter Id (Election Commission), Caste Certificate & Income Certificate
- 5. 1 Counseling Letter & Slip

Physical disability with medical certificate. Tick, whichever applicable:

- 1. I have dyslexia.
- 2. I am partially sighted.
- 3. I have hearing impairment.
- 4. I have unseen disability e.g., diabetes, epilepsy, Asthma.
- 5. I have a disability not listed above.
- 6. I need personal care support.

Name and address of two references with their address (Those well known with you from minimum for two years)

1.	2.
.....
.....
Mob.:	Mob.:

OTHER INFORMATIONS (If any):

HOSTEL FACILITIES :

Required

Not Required

Declaration:.

I have declared that all the above information given by us are true to best of my knowledge and belief.

Applicant's Signature

Date:.....

Guardian's Signature

Date:.....

(For office use only)

Opinion of under signed (if any)

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**Sign. Director Admission /
Authorized Signatory**

Date:.....

Sign. Director Finance

Date:.....

Sign. Registrar

Date:.....



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- | | |
|-------------|-------------|
| 1. | 2. |
| | |
| | |
| Mob.: | Mob.: |

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