

## SRI BALAJI VIDYAPEETH

DEEMED TO BE UNIVERSITY DECLARED U/s. 3 OF UGC ACT, 1956, CATEGORY I DEEMED TO BE UNIVERSITY

## APPLICATION FOR ADMISSION TO PG-AHS PROGRAMMES 2022 - 23

OFFICE USE ONLY APPLICATION NO							1																						
REGISTRATION NO						1											AFFIX HERE: RECENT PASSPORT SIZE PHOTOGRAPH SELF ATTESTED												
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	▲ First						•	▲ Middle ▲ Surname									•	•	•										
2	NAME OF FATHER / GUA (GUARDIAN IF FATHER NOT ALIVE)							IAN																					
3	DAT	NTE OF BIRTH (DD-MM-YYY							YY) AGE AS ON 31-12-2022							22			/RS			МТ	THS						
	PLACE OF BIRTH														DISTRICT														
	NATIONALITY												DOMICILE																
4	GEN	NDE	R			Ma	ale					F	ema	le					Ш	Gen	der								
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IMPORTANT NOTE PLEASE PRINT THIS DOWNLOADED APPLICATION FORM IN 44 PAPER SIZE - THIS LAST LINE SHOULD BE VISBLE IN THE FINAL PRINTOUT

6	RELIGION / CO	MMUNITY FC		ВС МЕ	sc	SC	ST	ОВС						
	HINDU CHRISTIAN MUSLIM JAIN BUDDHIST OTHERS													
7	DO YOU BELONG TO ECONOMICALLY WEAKER SECTION: YES NO													
8	DETAILS OF QU	JALIFYING EXAM	INATION :											
	COURSE	MONTH/YEAR PASSING		INSTI	NO OF ATTEMPTS	MARKS PERCENT								
	HSC/ INTERMEDIATE													
	DIPLOMA / DEGREE (IF RELEVANT)													
	MARKS OBT	AINED SE	LF ATTESTED	PHOTOCOPY OF C	ERTIFICATE OF	PASS & STATEMEN	T OF MARKS TO	BE ENCLOSED						
	SEMESTER	MONTH OF PASS	<b>I</b>	MARKS OBTAINI	ED _	MAXIMUM MARKS		RCENTAGE MARKS						
	AGGREGATE	<u> </u>												
	A DDI IO ATIONI	DEMAND DRAFT	NO FOR	AMOUNT OF	DRAWN	ON BANK	ON	DATE						
9	APPLICATION   FEE DETAILS		Rs	s. 500/-			/	/ 20						
	JOIN	T DECLARA	TION by	/ Applicant	and the	Parent / G	uardian							
I,	FULL NAME OF APPLI	CANT			.(Full Nar	me of Applic	ant) Son/D	aughter of						
		lare that the inform												
at a	later date on verif	plete and no releva ication, I will be liab	le to have r	my seat (if admi	tted ) forfeit	ed and my nam	e removed fro	m the rolls of						
shal	ll abide by all the r	period /Stage of thuseles and regulation	ns of SBV A	dmission Com	mittee. <b>Fee</b>	es once paid v	will not be	claimed by						
		umstances and discontinue fro												
Date	:													
Place	:													
			SIGN	ATURE OF APP	LICANT	SIGNATUR	RE OF PAREN	Γ / GUARDIAN						