



**SHRI MATA VAISHNO DEVI UNIVERSITY**  
 Katra, Kakryal-182320, J&K (India)  
*[Recognized under section 12(B) & 2(f) of the UGC Act, 1956]*  
**APPLICATION FORM FOR ADMISSION**  
 2016-17

**Affix a recent  
 passport size  
 photograph here  
 & attach five  
 more with this  
 form**

Please tick (✓) as applicable:

1. Program applied for:

B.Tech.  B.Arch.  M.Tech.  M.Sc.  MCA  M.B.A.   
 M.Sc. (Economics)  MA  Ph.D.(Full-time)  Ph.D.( Part –time)   
 (5 Years Integrated Degree Program)

2. School/Branch/Specialization:

Computer Sc.&Engg.  Mechanical Engg.  Electronics & Comm. Engg.   
 Biotechnology  Architecture  Manufacturing & Automation  Physics   
 Mathematics  Biotechnology  Business Management  Economics   
 English  Ph.D. specialization area:.....

3. Bank Demand Draft No: \_\_\_\_\_ Drawn on: \_\_\_\_\_ Date: \_\_\_\_\_  
 Amount (Rs.) \_\_\_\_\_ (in words) \_\_\_\_\_

4. Category : GEN  SC  ST  OBC  GEN (BPL)  OBC (NCL)

5. Physically challenged/PD/PWD: YES  NO

6. Application under NRI /Foreign Sponsored candidate category\* YES  NO

7. Please fill up the following (as applicable) from your JEE-Main (for B.Tech./B.Arch.); JEE?SAT etc. (for NRI/Foreign UG Seats); MAT/CMAT (for MBA); GATE (for M.Tech.) GATE//MAT/C-MAT/JAM/XAT/JMAT/SNAP/GRE/GMAT etc. (for NRI/Foreign PG Seats; GATE/CSIR/JRF/NET/INSPIRE fellowship (for Ph.D.)

(a) Examination Center Code: 

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(b) Roll No.: 

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(c) Ticket No. 

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(d) Test Date: 

D	D	M	M	Y	Y	Y	Y

(e) Rank/Score: 

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8. Name in full: \_\_\_\_\_  
 First Name Middle Name Last Name  
 (In block letters as mentioned in Matriculation/Secondary School certificate)

**\*All relevant documents to be submitted at the time of admission**

9. Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Date) (Month) (Year)

10. Father's Name: \_\_\_\_\_

11. Mother's Name: \_\_\_\_\_

12. Guardian's Name: \_\_\_\_\_

13. Gender: MALE  FEMALE  OTHERS

14. Marital Status: MARRIED  UNMARRIED

15. State of Domicile: \_\_\_\_\_ Nationality: \_\_\_\_\_

16. Permanent Address (H.No., Street, Locality, Village/City, District, State): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Pin Code) \_\_\_\_\_

17. Address for Correspondence: (H. No., Street, Locality, Village/City, District, State): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Pin Code) \_\_\_\_\_

18. Phone \_\_\_\_\_ Mobile No.: \_\_\_\_\_ (With  
 STD code)

Alternate Mobile No.(1) \_\_\_\_\_ (2) \_\_\_\_\_

Email ID \_\_\_\_\_ Parents' email ID \_\_\_\_\_

19. Medium of Instruction at Qualifying Exam.: English  Hindi  Other

20. Language Proficiency:

Language	Read	Write	Speak
English			
Hindi			
Others (specify)			
1.			
2.			
3.			

21. Academic Qualifications: [Attach a separate sheet if space provided is insufficient]

School Certificate/ Degree	Name of the University/ Institution/ Board	Major Subjects	Year of Passing	Marks/ CGPA		Division/ Class	Remarks
				% of Marks	CGPA		
Matriculation/ Secondary (10 <sup>th</sup> )							
Higher Secondary / Intermediate (10+2)							
Bachelor's Degree							
Master's Degree							
Other Academic Qualification							

22. Whether pursuing any other Full-time/Part-time Degree/Diploma course. If yes, give details:

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23. Scholarships, Prizes, Medals and Awards Received:

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24. Extra-curricular Activities & Hobbies:

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25. Work Experience: [if applicable; attach separate sheet if needed]

Organization	Designation	Duration		Gross Salary	Reasons for Leaving
		From	To		

26. List of Enclosures: [Please attach self attested copies of documents as proof against information given in the application form.]

- 1: \_\_\_\_\_ 2: \_\_\_\_\_
- 3: \_\_\_\_\_ 4: \_\_\_\_\_
- 5: \_\_\_\_\_ 6: \_\_\_\_\_
- 7: \_\_\_\_\_ 8: \_\_\_\_\_

I declare that the information given by me in this Application form is correct. I understand that if this information is found incorrect, false or forged, at any stage, my admission in SMVD University or the degree awarded to me by SMVD University is/will be liable to be cancelled. I also agree to comply with all the rules, regulations and code of conduct of the SMVD University.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**(Signature of the Applicant)**

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**Parents' (Mother and/or Father) Specimen Signature:**

Mother's Signature

Father's Signature

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**Name of Applicant.....**

**Branch.....**

**For Office Use Only**

**Received By:**

Signature, Name & Designation of receiving official:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_ Place \_\_\_\_\_ Signature \_\_\_\_\_