| Serial | No.: | |
|-----------|------|--|
| O O L LUI | | |

Kurukshetra University, Kurukshetra

| | | Ad | lmission A | ammlica 20 - | | om Fo | | | | | | | |
|---|--|--|--|--|--|---|-----------|--|----------------------|---|--|--|--|
| For office use only → | Programme(s) /Course(s) Admitted to: Admitted against Category | | Departme Roll No: | ent Form No: | | | | | | passpo | | (35 | |
| | Admission date: | | 1 | | | | | | | mm 2 Photogr | K 45 m aph he | 550 |) |
| Kindly read im | portant notes before fi | illing-in form: | | | | | | | | NOT st | - | | 1 1 |
| Use black ink to fill in the form and Do NOT overwrite. Fill in all fields in CAPITAL letters only. Strike-off whichever is NOT applicable. | | | te. | | | | ÷. | | | should the | <u>not ex</u> border | 88 BESE 20 | |
| Programme(s)/ Course(s) Applied for: | | | | ↑ Student s | should | sign strictly | inside th | is box | | | | | |
| Name of the l | Dept./ Institute | | | only with b | | | | | | | | | |
| Applying for | Admission Categor | y : AIO/HOGO | C/SC/BCA/BCB/SBC/EBI | P/PWD/Ex-Servi | cemar | n/Freedom F | ighter : | | | | | | |
| 1. Persona | Information S | ection | | | | | | | | | | | |
| | | | | | ······································ | | | | | | | | |
| Name of the S | Student: | | | ······································ | | | | | | | | | |
| (In case of chan | ged name, write current | name) | | | | | | | | | | | |
| Name of the S | Student: (In Hindi) | | | | | | | | | | | | |
| Name of the S std. 10 Passin | Student as printed o g Certificate | on | | | | | | | | | | | 3 |
| Father's/Hus | band's Name: | | | · · · | | | | | | | | | |
| Mother's Nar | ne: | | | | | | | ······································ | | | | | |
| Marital Statu | s: Unmarried / Marr | ied/Divorced | | | | | | | | | | , | |
| Date of Birth | (DD/MM/YYYY): | 1 1 | | | Aa | dhar No: | | ************************************* | | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Place of Birth | : | | | | Blood Group | | | | | | | | |
| Religion: | ************************************** | ······································ | ······································ | | Citizen of (country name): | | | | | | | | |
| Student's lo | cation Category: | Rural/ Urbai | n/ Tribal | | | *************************************** | | | | | | | |
| | Correspondence | | ······································ | SV shade all all all admitted six is | (20-30 d | 93-7432 W W W | 900 | | | | | | ······································ |
| State: | , D | istrict: | 1 | Tehsil: | | | City/To | wn/Village: | | | | | |
| | | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | l | | | | | | | |
| Address (Hou | se no, street/area/sul | burb etc.) | | | | | | | | | | | |
| | | | | | | | Г | | | r r | | | T |
| | | | | 8 882.5 | ····· | · · · · · · · · · · · · · · · · · · · | | PIN Code: | | | | | |
| | | | n 'Address for Correspond | | | <u> </u> | | ······································ | | ••• | | | |
| State: | D: | istrict: | | Cehsil: | ······································ | | City/To | wn/Village: | | | | · · · · · · · · · · · · · · · · · · · | |
| Address (Hou | ise no, street/area/sul | burb etc.) | * | | | | | | | | | | |
| | | | | | | | | PIN Code: | | | | | |
| Contact Deta | ils | | | | | | <u>1</u> | | | <u> </u> | | | <u></u> |
| Phone # 1: | STD Code: | Phone | e No: | Phone # 2: | | STD Code: | | Phone No: | | | | | |
| Mobile number: Email ID: | | | | | · · · · · · · · · · · · · · · · · · · | | | ······································ | | · | , , | | |
| 2. Legal Re | eservation Info | rmation Se | ction | <u></u> | ····· | | | ······································ | **** *** *** *** *** | | | | · · · · · · · · · · · · · · · · · · · |
| Domicile of S | <u> </u> | | ry: Open / Reserved | AND A DESCRIPTION OF THE PROPERTY OF THE PROPE | | If Reserved | : SC/BCA | A/BCB/SBC/ | EBP | /PWD/O | ther | | |
| If Physically | Challenged: Visuall | | Speech and/or Hearing Im | paired / Orthope | dic Di | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | n Information | | | | | | | | | | | | ······································ |
| Occupation of the Guardian: Service / Business / Profession / Farmer / Laborer / Retired | | | | | | Annual Income of the Guardian (Rs.): (last financial year) | | | | | | | |
| Relationship of guardian with applicant: | | | ······································ | I | Phone No.: | | | | | | | | |
| | | | | | L | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | ······································ | |

| 4. Education | nal Details Section [Wr | ite 'YES' in last column. | | n No. : 2 ring examination, o | on basis of which | you are seeking admis | sion to the said | course write NO in | | |
|---|--|------------------------------------|--|----------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|--|--|
| front of other ex | caminations] Please Note: | | | ıse | * * * * * * * * * * * * * * * * * * * | | | | | |
| Last College Name of Examination | Attended: Name of Board / University | Name of School/ College | Date of Passing (DD/ | Year: Examination Seat No. | Degree / Passing | Roll No.: Grade / Total Marks Obtained | Out of | Qualifying Examination? (YES/NO) | | |
| Std 10 th | | | MM/YYYY) | (Last) | Certificate No | o. Obtained | | (LES/NO) | | |
| Std 10 th | | | | | | | | | | |
| | | | | - | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | + | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| E C.141/ | O-4-4 D C4: | [XX] | D NI- | | | | | | | |
| | Opted Papers Section ester: 1/3/5/7 | [vvrite paper code: | s or Paper Nai | | | ecided in First S | Semester on | 117) | | |
| 1. | CSCCX + 27 O/ O/ I | | ······································ | 1. | <u> </u> | | ACTION OF | <u> </u> | | |
| 2. | | | | 2. | | | | | | |
| 3. | | | <u></u> | 3. | | ······································ | · · · · · · · · · · · · · · · · · · · | | | |
| 4, | | | ÷ | 4. | | | | | | |
| 5. | | | | 5. | | | | | | |
| 6. | | | | 6. | | | | | | |
| 7. | | | | 7. | | | | | | |
| 8. | | | | 8. | | | | | | |
| | Documents and Certif | | | | | | | | | |
| Sr. No. | Name of Document/Cer | | | Original / Att | | | Attached (Yes/No) | | | |
| 1 | Passing Certificate of Std | | Soulin of Std 19th | Attested True | | ry) | | | | |
| 3 | Passing Certificate of Std Leaving Certificate | 1 12" / Statement of M | iarks of Std 12 | Attested True (Original | Сору | | | | | |
| 4 | | Certificate of Caste with Category | | | | Attested True Copy | | | | |
| 5 | Non Creamy Layer Certi | Attested True Copy | | | | | | | | |
| 6 | Affidavit for changed nan | ne/ Marriage Certificate | e / Govt. Gazette | | | | | | | |
| 7 | Domicile Certificate | At tested True Copy | | | | | | | | |
| 8 | Certificate for Physically | Attested True Copy | | | | | | | | |
| 9 | Ex-Serviceman/Freedom | | ······································ | | | | | | | |
| 10 | Any other relevant Certific | ate | | | | | | | | |
| 20 | formation Section | | | | . []] | | | | | |
| Mother Tongu | | / NT | Employment S | Status: Employed | I / Unemployed | Do you wish to | join NSS : Ye | s / No | | |
| | te to apply for Hostel: Yes / iciency and Other Interests | | | | | | | | | |
| <u> </u> | orts participation ** | • | | | Write C | ame(s) Name** | | | | |
| Level (e.g. co | llege/state/national/internat | tional etc.): | | | | | | | | |
| | tification Marks: 1. If (I wish to nominate for O | raan Danation Postbu | mous) (Only for | ctudanta ahaya 1 | 2. 8 Vaara) | ri Nia | | | | |
| | on by Student | igan Donation rostilu | mous) (Omy 101 | students above 18 Years) | | | | | | |
| I hereby declare any discrepancy | that, I have read the rules relate, arising out of the form signed aryana prohibition of ragging | I by me and I undertake t | hat, in absence of a | my document the fi | inal admission wi | ll not be granted and/o | or admission will | stand cancel. I am | | |
| Place: | Date: | | Sig | nature of the stud | dent: | | | | | |
| | on by Student | | | | | | | | | |
| any discrepancy | that, I have read the rules relate, arising out of the form signed aryana prohibition of ragging | l by me and I undertake t | hat, in absence of a | my document the fi | inal admission wi | II not be granted and/o | or admission will | stand cancel, I am | | |
| Place: | Date: | | Sig | gnature of the stud | dent: | | | | | |
| | tion by Guardian ed my son/daughter/ward t | o join vour college T | he information s | upplied by him/l | her is correct to | the best of my kno | wledge I have | e acquainted | | |
| myself with th | ne rules and fees, dues to m | | and to see that he | e/she observes. | | | 777.08 | | | |
| Place: | Date: | | Sig | gnature of the Gua | ardian: | | | | | |
| 11. For Dept/Institute Use Only Designation Remarks / Particulars / Recommendate | | | tions | | | | nd date | | | |
| Admission Cle | rk | iwiiai wa / i ai iiUlilal | o, recommendat | | | Similar a | Signature and date | | | |
| Admission Cor | | | | | www | | | | | |
| Accountant/Ca | shier | Cash Received: Rs. | | Receipt No.: | | | | | | |
| HOD/Principa | HOD/Principal/Director | | | | | | | | | |

Note: Student MUST retain photocopy of completely filled in admission form (both pages) for future reference. Available information in this form will be required to activate student's login account on the University Portal.

^{**}Madnatory Field to enroll in programme(s)/course(s)