Sri Satya Sai University of Technology & Medical Sciences, Sehore

Enrollment Form

Please affix a passport size photo

To,

The Registrar,
Sri Satya Sai University of Technology & Medical Sciences,
Sehore (M.P.)

Sir,

Giving the following details, I request you to please enroll me in the Sri Satya Sai University of Technology & Medical Science, Sehore and communicate to me the allotted Enrollment Number. I have read all the rules, regulation and ordinance of the university relevant to me and I promise to abide by them. I also promise to obey all the rules and regulations enforced by the University in future.

1. (a) Name (In capital letters) Mr./Ms./Mrs.
(As per 10+2 mark sheet/passing certificate) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(Surname) (First Name) (Middle Name)

(b) Name of Student in Hindi .....

(c) Gender Male ☐ Female ☐

2. (a) Father's Name .....

(b) Mother's Name .....

3. Date of Birth ☐☐ Date ☐☐ Month ☐☐☐☐ Year

4. (a) Category General ☐ OBC ☐ SC ☐ ST ☐ Other Class ☐

(b) Religion .....

5. Date of Admission ☐☐ Date ☐☐ Month ☐☐☐☐ Year

6. Name of Department, which admitted ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Department Code ☐☐☐☐☐

7. Name of Board/University Already Passed

Class	Board/University	Passing Year	Marks Obtd./ out of
High School	.....	.....	.....
Higher Secondary	.....	.....	.....
Bachelor Degree	.....	.....	.....
Master Degree	.....	.....	.....

8. Name of the course in which admitted ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Branch ☐☐☐☐☐☐☐

9. Mode of Admission .....

10. Name of the Board/University last attended with year .....

11. Migration Certificate No. if any (attach in original) .....

12. Permanent Postal Address .....

..... Telephone No. (With STD Code).....

Date: Signature .....

Certificate

Certified that the above student has been admitted to this institution through as per procedure laid down by regulatory authorities and the entries above have been checked and verified by me from the records. Therefore, I recommend that he/she should be enrolled as requested by the student.

Date: Signature of the Dean with seal