



Swami Vivekanand University

N.H. 26. Narsingpur Road, Sironja, SAGAR (M.P.) 470228

ADMISSION FORM

Reg. No. :

Session :

Courses :

Counselor Name :

Counselor Code:

Student's Name:

Father's Name

Mother's Name

Guardian's Name

Date of Birth
DD MM YYYY

Medium English Hindi

Caste (Photocopy of Certificate) GEN SC ST OBC

To be attached

Domicile of: M.P. Other State Name of State

Place of Birth : (a) Village /City : (b) District (c) State

Occupation :Father's/Husband's : Mother's

Yearly Income of Father's/Husband's: Mother's

Permanent Address :

..... District : State Pin Code :

Phone No. (with STD Code) Mob. No.

E-mail Address

Photo
to be attested
by Gazetted
Office

Student's Local Address :

.....

..... District : State: Pin Code :

Phone No. (with STD Code):..... Mob. No :

Guardian's Address :

.....

..... District : State: Pin Code :

Phone No. (with STD Code):..... Mob. No :

Duration of father's /Husband's /Guardian's Stay in MP-Years

Details of Entrance Exam Conducted by the Govt./Univesity

Name of Exam	Roll No.	Max. Marks	Mark Obtained	Percentage	Merit Rank

Details of the Educational Progress of the Applicant

Exam	Year	Educational Institute	Name of Board / University	Marks Obt/ Max.Marks	%age	Division	Subject
1	2	3	4	5	6	7	8
High School							
Higher Sec							
Graduation							
Post Graduation							
B.Ed.(For M.Ed)							

Optional Subjects for Applied Course (If Applicable):

1..... 2.....

3..... 4.....

(Note : Incase of Incomplete details the form might be rejected.)

I hereby declare that the information given by me in this form and the certificates attached here with are true to the best of my knowledge and Belief.

Student's Signature

Father's/Guardian's Signature