Website: srisairgroup.com, E-Mail Id:. srisamc@yahoo.com

Doc.no. 04

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(Group of Institutions

# Sri Sai @ Group of Institutions

Opp. Phal Mandi, Sarsol, G.T. Road, Aligarh, Ph: 0571-2222034, Fax: 0571-2402188

Form No. : Admission No. : College Name:	<u>APPLICATIO</u> <u>FOR ADMI</u>	Affix your self attested passport size photograph					
Student's Name :							
Father's Name :							
Mother's Name :							
Date of Birth :		Age on D M M Y Y Y Is	Y M M D D				
Nationality :	Religion	Caste Categor	y				
Father's Occupation :	Annual Income						
Permanent Address :							
Address for Correspondence :		Pin Code					
Contact Numbers :	Student-:	Pin Code					
Applicant E-Mail ID :		Father's					

### **ACADEMIC RECORDS**

Examination Passed	Board/University	Roll No.	Main Subjects	Year	Percentage / Total Marks
10th					
12th					
(Other)					

#### **COUNSELLING RECORDS:.**

Counselling	Roll No.	Ist Counselling Date	II nd Counselling Date	Rank

Note - Incomplete forms will not be accepted.

	<b>Driginal Documents Required</b>		
<ol> <li>10th + 12th Mark Sheets &amp; Certificate.</li> <li>Transfer / Migration Certificate.</li> </ol>	ates. (In case of P.G. Student - B.A	.M.S Degree & Registration)	
3. Medical Fitness Certificate.			
<ol> <li>Character Certificate.</li> <li>Affidavit for time to time fees paym</li> </ol>	ent & penalty		
6. Affidavit to attend regular classes &		endance is must)	
	Documents to be Submitted		
1. 5 Envelops with their complete post	al address, affix 25 Rs. postal stamp	on each envelope.	
2. 5 Pass Port size Coloured & 5 Black		-	
3. 5 Sets zerox of all qualifying exami	nations.	<b>c</b> ,	
<ul><li>4. 1 zerox of Address proof, Voter Id (</li><li>5. 1 Counseling Letter &amp; Slip</li></ul>	Election Commission), Caste Certi	ficate & Income Certificate	
Physical disability with medical certification	cate. Tick, whichever applicable:		
1. I have dyslexia.			
<ol> <li>I am partially sighted.</li> <li>I have hearing impairment.</li> </ol>			
4. I have unseen disability e.g., diabetes	, epilepsy, Asthma.		
5. I have a disability not listed above.	) - <b>F</b> - <b>F</b> - <b>J</b> )		
6. I need personal care support.			
Name and address of two reference	s with their address (Those well known v	<u>vith you from minimum for two yea</u>	<u>ars)</u>
1			•••••
Mob.:.	Mob.:		
OTHER INFORMATIONS (If any):			
· · · ·			
HOSTEL FACILITIES :	Required	Not Required	
Declaration:			
	, , , , , , , , , , , , , , , , , , ,	1 ( C 1 1 1 11	
I have declared that all the above inf	ormation given by us are true to	best of my knowledge and t	pellet.
		Guardian's Signat	turo
Applicant's Signature		C	
Date:		Date:	
	(For office use only)		
Opinion of under signed (if any)			
Sign Director Admission /			
Sign. Director Admission / Authorized Signatory	Sign. Director Finance	Sign. Regist	rar
Date:	Date:	Date:	



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# **APPLICATION FORM**

Statent's Name :	Form No. :	Course Applied :								Affix your											
College Name:	Admission No. :	Session :								self attested											
Student's Name :																					
Father's Name       Image: Case in the state in the stat	College Name:																				
Mother's Name :       Image: Constant of the second of the s	Student's Name:																				
Date of Birth       :	Father's Name :																				
Date of Birth       :	Mother's Name :																				
Father's Occupation :       Annual Income         Permanent Address :       Image: Contact Numbers :       Image: Contact Numbers :         Adplicant E-Mail ID :       Student ::       Image: Contact Number :       Image: Contact Number :         Applicant E-Mail ID :       Image: Contact Number :       Image: Contact Number :       Image: Contact Number :       Image: Contact Number :	Date of Birth :	DD	мм	Y	Y	Y	Ŷ	Ag	e on	D	D M	М	Y	Y Y	<sup>Y</sup> i	s	Ý	м	М	DD	
Permanent Address       Image: Contact Numbers       Image:	Nationality :		Religion Caste Category							ry 🗌	y										
Address for Correspondence :       Image: Contact Numbers :       Student-:       Image: Contact Numbers :       Image: Contact Numbers :       Image: Contact Numbers :       Student-:       Image: Contact Numbers :       Image: Contact N	Father's Occupation :		Annual Income																		
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Address for Correspondence :       Image: Contact Numbers :       Image: Contact Numbers :       Image: Contact Numbers :       Student-:       Image: Contact Numbers :       Image: Contact Numbers : </td <td></td>																					
Contact Numbers :       Student-:       Image: Contact Numbers in the student		Pin Code																			
Contact Numbers :       Student-:       Image: Contact Numbers in the student	Address for Correspondence :		$\square$		$\pm$	$\neg$															
Contact Numbers :       Student-:       Father-:       Image: Contact Number in the state	*		$\square$			Ť															
Mother-:     Local Guardian-:       Applicant E-Mail ID :     Father's			$\square$								P	in C	ode								
Mother-:     Local Guardian-:       Applicant E-Mail ID :     Father's	Contact Numbers:	Student-									Fath	er-:							$\top$		
Applicant E-Mail ID : Father's										$\square$	Loca	1						$\overline{+}$	$\pm$		
	Applicant E-Mail ID:					-				Fath	ſ	dian-	:								
ACADEMIC RECORDS				A	ACA	DE	MIC	RE												]	
Examination PassedBoard/UniversityRoll No.Main SubjectsYearPercentage / Total Marks	Examination Passed Boa	rd/Unive	rsity	Ro	oll No	•			Mai	n Su	bject	S			Yea	r			0		

Examination Passed	<b>Board/University</b>	Roll No.	Main Subjects	Ital	Total Marks
10th					
12th					
(Other)					

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Note - Incomplete fo	rms will not be accep	ted.		

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4. Character Certificate.			
5. Affidavit for time to time fees payme			
6. Affidavit to attend regular classes &	sessional examinations (75%)	attendance is must)	
<u>]</u>	Documents to be Submitte	ed	
1. 5 Envelops with their complete posta	l address, affix 25 Rs. postal sta	mp on each envelope.	
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1			
Mob.:	Mob.		
OTHER INFORMATIONS (If any):			
CITER INFORMATIONS (IT ally).			
HOSTEL FACILITIES :	Required	Not Required	
Declaration:.			
I have declared that all the above info	ormation given by us are true	to best of my knowledge and h	elief
Thave declared that an the above find	fination given by us are true	to best of my knowledge and t	venier.
Applicant's Signature		Guardian's Signat	ure
Date:		Date:	
	(For office use only)		
<b>Opinion of under signed (if any)</b>			
Sign. Director Admission / Authorized Signatory	Sign. Director Finance	Sign. Registr	ar