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

Doc.no. 04

SinStife

(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.

	Driginal Documents Required		
 10th + 12th Mark Sheets & Certificate. Transfer / Migration Certificate. 	ates. (In case of P.G. Student - B.A	.M.S Degree & Registration)	
3. Medical Fitness Certificate.			
 Character Certificate. Affidavit for time to time fees paym 	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.	c ,	
4. 1 zerox of Address proof, Voter Id (5. 1 Counseling Letter & Slip	Election Commission), Caste Certi	ficate & Income Certificate	
Physical disability with medical certification	cate. Tick, whichever applicable:		
1. I have dyslexia.			
 I am partially sighted. I have hearing impairment. 			
4. I have unseen disability e.g., diabetes	, epilepsy, Asthma.		
5. I have a disability not listed above.) - F - F - J)		
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:	



Sri Sai @Group of Institutions

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

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	^Y 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																		
Address for Correspondence : Image: Contact Numbers : Image: Contact Numbers : Image: Contact Numbers : Student-: Image: Contact Numbers : Image: Contact Number : Image: Contact Nume	Permanent Address :																				
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	Board/University	Roll No.	Main Subjects	Ital	Total Marks
10th					
12th					
(Other)					

COUNSELLING RECORDS:.

Counselling	Roll No.	Ist Counselling Date	II nd Counselling Date	Rank
Note - Incomplete fo	rms will not be accep	ted.		

<u>C</u>	original Documents Require	ed	
1. 10th + 12th Mark Sheets & Certifica	tes. (In case of P.G. Student - E	B.A.M.S Degree & Registration)	
 Transfer / Migration Certificate. Medical Fitness Certificate. 			
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.	
2. 5 Pass Port size Coloured & 5 Black	& White Photographs. (Out of v	which min. 7 in college uniform)	
3. 5 Sets zerox of all qualifying examin	nations.		
4. 1 zerox of Address proof, Voter Id (I5. 1 Counseling Letter & Slip	Election Commission), Caste Ce	ertificate & Income Certificate	
Physical disability with medical certific	<u>cate. Tick, whichever applicabl</u>	l <u>e:</u>	
1. I have dyslexia.			
 I am partially sighted. I have hearing impairment. 			
4. I have unseen disability e.g., diabetes,	epilepsy, Asthma.		
 5. I have a disability not listed above. 6. I need personal care support. 			
6. Theed personal care support.			
Name and address of two references	with their address (Those well know	<u>vn with you from minimum for two yea</u>	<u>rs)</u>
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)		
Opinion of under signed (if any)			
Sign. Director Admission / Authorized Signatory	Sign. Director Finance	Sign. Registr	ar