



# Sri Satya Sai University of Technology & Medical Sciences, Sehore

University established by M.P. Legislature Act No. 6/2014 and duly recognized by UGC U/S 2(f)

## Admission/Registration Form

1. Name of faculty : \_\_\_\_\_
2. Course for which admitted : \_\_\_\_\_
3. Name of Student : \_\_\_\_\_
4. Father's Name : \_\_\_\_\_
5. Mother's Name : \_\_\_\_\_
6. Father's Occupation Govt. Job  Private Job  Businessman  Other
7. Annual Income : \_\_\_\_\_
8. Date of Birth          
Date Month Year
9. Category General  OBC  ST  SC
10. Address (Local) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_
11. Phone Nos : \_\_\_\_\_
12. Address (Permanent) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_
13. Mobile No.
14. Qualifying Exam :

Please affix  
a passport  
size photo

S.No.	Name of Exam	Board/University	Passing Year	Percentage	Remark
1.					
2.					
3.					
4.					
5.					
6.					
7.					

15. Documents Submitted : Please tick (✓)

S.No.	Name of Documents	Original	Photocopy	Remark
1.	High School Mark sheet			
2.	Higher Secondary Mark sheet			
3.	Graduation Mark sheet			
4.	Post Graduation Mark sheet			
5.	Diploma Mark sheet			
6.	Character Certificate			
7.	Transfer Certificate			
8.	Migration/Provisional Certificate			
9.	Domicile Certificate			
10.	Caste Certificate			
11.	Income Certificate			
12.	Other Certificate			

Date : \_\_\_\_\_

Signature of Student: \_\_\_\_\_

### Declaration by Student/Parent/Guardian

Self/on behalf of my ward hereby declare that:

1. The information given by me in the application form and all enclosures are true to the best of my knowledge. However, should it, be found that any information/enclosures therein are untrue/wrong I am/my ward liable to be disqualified for admission.
2. If I am/my ward selected for admission I am/my promise to abide by the rules & regulations of the Institute/University and maintain the discipline in the institute and the hostel.
3. Initially the admission is provisional and is subject to confirmation from the counseling authority concerned University and State Government.
4. It is compulsory for me/my ward to appear for online counseling at any place directed by the counseling authority within the specified date and time failing which I/my ward's registration will be automatically cancelled without any refund of fee.
5. I understand that if I get my admission/registration cancelled the fee deposited by me is non-refundable.
6. Cancellation of admission/registration is not possible without paying the full fees for the entire course.
7. I undertake to abide by the "Student Leaving Midstream" clause of the prospectus and agree to pay fees for the whole course if I leave course in midstream.
8. Any dispute is subject to Sehore Jurisdiction.

Date : \_\_\_\_\_

Signature of Declarer \_\_\_\_\_

Name of Declarer \_\_\_\_\_

Place: \_\_\_\_\_

Relationship with Candidate \_\_\_\_\_

**Note-** duly filled admission /registration form should deposit with Demand draft of Rs. 750/- (Seven hundred fifty only) in favor of University to Dy. Registrar, SSSUTMS, Sehore.