APPLICATION FORM 2019

SMU SIKKIM MANIPAL UNIVERSITY

INSPIRED BY LIFE

Established under Govt.of Sikkim, Act 9 of 1995, recognised under 2(f) of the UGC Act, 1956

APPLICATION NO:

1. CODE OF APPLIED COURSES

MEDICAL				TECHNICAL		OTHERS	
CODE 1	CODE 2	CODE 3	CODE 4	CODE 1	CODE 2	CODE 1	CODE 2

2. NAME OF THE APPLICANT

3. DATE OF BIRTH (D D M M Y Y) **4. SEX** (M F) **5. NATIONALITY** **6. CASTE** (GEN SC ST OBC)

7. CATEGORY

GEN	NORTH EAST	DEFENCE	GTA	SIKKIM	PMF	NRI/PIO/FN

8. NAME OF THE ENTRANCE TEST APPEARED/APPEARING

JEE	SMIT Offline Test	MAT	CAT	CMAT	SMIT Entrance Test (*For Other Courses*)

9.TEST CENTRE CODE

1ST OPT		2ND OPT	

10. NAME OF THE PARENT/GUARDIAN

11. ADDRESS FOR CORRESPONDENCE

PIN

12. MOBILE NO. (PARENT/GUARDIAN)

13. MOBILE NO. (APPLICANT)

14. EMAIL ADDRESS (PARENT/GUARDIAN)

15. EMAIL ADDRESS (APPLICANT)

16. PHOTOGRAPH **17. SIGNATURE OF APPLICANT** **18. DETAILS OF QUALIFYING EXAM**

YEAR	NAME OF EXAM	BOARD/ UNIVERSITY	% OF MARKS

DECLARATION:

I hereby declare that all the particulars stated in the application form are true to the best of my knowledge and belief. I have read and understood all the provisions of admission and agree to abide them. In the event of fraudulent, incorrect or false information or suppression or distortion of any fact like educational qualification, marks, nationality etc., I understand that my admission/degree is liable for cancellation. I further understand that my admission is purely provisional subject to the verification of the eligible condition.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF APPLICANT