

**Application Form**

Session: 20\_\_-\_\_-\_\_

Sr. No \_\_\_\_\_

**Fill in Block Letters :**

Name of the Candidate Ms/Mrs.:

Please affix a coloured  
passport sized photograph  
here

**Course Name** \_\_\_\_\_ (Degree /Certificate)

**Marital Status:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **Category:** \_\_\_\_\_ **Blood Group:** \_\_\_\_\_  
(Married / Unmarried) (GEN/SC/ST/OBC/Others)

Father's/Husband's Name: Mr.

Mother's Name: Mrs.

Date of Birth (DD/MM/YYYY):  E-mail ID : \_\_\_\_\_

\*Permanent Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Residence Phone No. : \_\_\_\_\_ (O) \_\_\_\_\_

Mobile No. (Student's) \_\_\_\_\_, Mobile No. (Father's) \_\_\_\_\_ (Mother's) \_\_\_\_\_

\*Temporary Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name of Local Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Present/Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_ Phone No. : \_\_\_\_\_

\*Student's Driving License No. \_\_\_\_\_, \*Student's PAN Card No. \_\_\_\_\_

\*Student's Passport No. \_\_\_\_\_, \*Student's Voter ID Card No. \_\_\_\_\_

Do you need College Hostel Accommodation? Yes  No

Do you need College Transportation Facility? Yes  No

**Education**

Name of Examination	Year	Marks Obtained	%	Board / University	School/ College	Major Subjects
10 <sup>th</sup> Class						
12 <sup>th</sup> Class						
Graduation						
Any Other						

Extra-Curricular Activities: \_\_\_\_\_

Achievements (if any): \_\_\_\_\_

**Declaration**

I, hereby declare that the above statement is true in all respect. I understand that my admission is liable to be cancelled if the above information is found incorrect. I undertake to abide by the rules and regulations of the Institute & University. I also understand that the fees once paid shall not be refunded. I acknowledge that the college reserves the right to offer or withdraw the admission at any stage.

Signature of Father  
Name : \_\_\_\_\_

Signature of Candidate  
Name: \_\_\_\_\_

Signature of Mother  
Name : \_\_\_\_\_

Signature of Guardian  
Name : \_\_\_\_\_

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

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

**Important:**

- \* Kindly submit the photocopies of Address Proof & Photo ID Proof along with other required credentials.
- \* Transfer of any student to another discipline from the enrolled one at SDPS Women's College is allowed only within first seven days of the new academic session only after approval from concerned authorities .Later, transfer will not be allowed and any fee will not be refunded to the student.