SHYAM UNIVERSITY ®

Recognized U/S 2(f) of the UGC Act, 1956
Established by The Rajasthan State Legislature Act No. 28 of 2018

Dehlal-Didwana, Lalsot Bypass, NH-11A Extension, Tehsil Lalsot, Distt. Dausa, Rajasthan - 303511
Ph.: +91-8890202999, +91-8890204999, +91-8890205999, +91-8890207999,+91-8890206999
Website : www.shyamuniversity.in • E-mail : info@shyamuniversity.in

APPLICATION FORM FOR ENROLLMENT & ELIGIBILITY

(A Photo ID Card Shall be issued to every Student Enrolled with the University. The card will be valid for the duration of
the course and shall be accepted as proof of being student of the University for securing access to the University Library)

Enrollment No. (Leave blank)

To,

The Registrar

Shyam University, Lalsot, Dausa

I request to enroll me as a student of the university. My particulars are as below:

1. Name:..

2. Sex: Male/Female

3. Category-1: NRI/Foreign/SC/ST/OBC/Gen.

4. Category-2: NRI/Ex-S/DK/PH/KM/Out of Raj./Foreign/Others

5. Date of Birth: ....

6. Father's Name: ....

7. Mother's Name: ....

Paste Recent
Passport size
photograph

Specimen Signature

8. Permanent Address	9. Address for correspondence

10. Course of Study: ....

11. Branch of Study:...

12. Type of Course: Full Time/Part Time

13. Name of Last School / College : ....

14. Details of Entrance Examination, if any :

Roll. No.	Name of Entrance Examination	Merit Secured

15. Earlier Enrollment no. Allotted by Shyam University, If any?:...

16. Has the candidate taken readmission in the first year of the course for study? If Yes, mention the details:

Name of Department / Course of Shyam University	Enrollment No.

17. Details of Enrollment with other University, if any?

Name of University	Enrollment No.	Course for which Enrolled

18. Details of Qualifying Exam

Qualifications	Board /University	Subjects	Year	Percentage
10th				
12th				
Graduation				
Post Graduation				
ITI / Other				

DECLARATION

19.   The information provided by me is correct and at present I am not registered/ enrolled with any other University/ Board for any regular course. In case any information is found incorrect/ misleading at any stage the University may cancel my enrollment without any claim from my side

Date : ....   **(Signature of Candidate)**   **(Signature of Parents)**

FOR USE IN UNIVERSITY OFFICE ONLY

Particulars checked by: .... Enrollment Allowed/ Not Allowed: ....

Name : ....

Enrollment recommended/ Not recommended ....

If not recommended specify the reason: ....

....

Date : ....   **Signature of Concern Official**   **(CONTROLLER OF EXAMINATION)**