

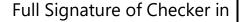
पौछित सीनलयाल छपाध्याय शोखावादी विश्वविद्यालय, सीकर (राज.)

PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY, SIKAR (RAJ.)

## **APPLICATION FORM FOR ADMISSION 24-2025**

Applica	tion Forr	m No				Applic	ation Date		
						Transa	ction id		
Faculty						Amount			
Class						Transaction Date			
Candida	ate's Nan	ne							
Gender						_			
Candida	ate's Fatł	ner's Name				_			
Candid	ate's Mo	ther's Name							
Date Of Birth						-			
Category District									
						·			
State									
Permanent Address:						Corresponding Address:			
Addres	S					Address:			
Mobile	Νο					Addres	SS:		
Email Io	d					State			
Aadhar	No					District			
			Qı	ualifying E	xam	<u>.</u>			
Detail	Course	Board/University	Subje	ct Year	Max	marks	marks obt.	% marks	Division
_									
_									
_									
	 that all ab	ove entries are correc	t to the best of r	ny knowle	dge and	d belief.			
				2	5		Si	gnature of St	udent

All entries have been verified and checked from documents provided by candidate. The candidate is qualified/not qualified for admission 2024-2025



University

## **NOTE:** CANDIDATES WILL HAVE TO SUBMIT HARDCOPY OF THIS FORM ALONG WITH ORIGINAL DOCUMENTS AND THEIR ATTESTED PHOTOCOPIES TO THE OFFICE AT THE TIME OF COUNSELLING.