



पंडित दीनदयाल उपाध्याय शेखावाटी विश्वविद्यालय, सीकर (राज.)

PANDIT DEENDAYAL UPADHYAYA SHEKHAWATI UNIVERSITY, SIKAR (RAJ.)

APPLICATION FORM FOR ADMISSION 24-2025

Application Form No		Application Date	
		Transaction id	
Faculty		Amount	
Class		Transaction Date	
Candidate's Name			
Gender			
Candidate's Father's Name			
Candidate's Mother's Name			
Date Of Birth			
Category			
District			
State			
Permanent Address:		Corresponding Address:	
Address		Address:	
Mobile No			
Email Id		State	
Aadhar No		District	

Qualifying Exam

Detail	Course	Board/University	Subject	Year	Max marks	marks obt.	% marks	Division
-								
-								
-								
-								

Certified that all above entries are correct to the best of my knowledge and belief.

Signature of Student

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

Full Signature of Checker in

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.