



# Shri Guru Ram Rai University

(Estd. by Govt. of Uttarakhand, vide Shri Guru Ram Rai University Act No. 03 of 2017)  
'Recognized by UGC u/s 2 (f) of UGC Act, 1956'

Patel Nagar/Pathribagh, Dehradun - 248001 (Uttarakhand)

## ADMISSION FORM 2021-22

Course Applied for : .....

**REGISTRATION FORM NO.:**

Category (✓ the relevant Box)	Gen.	SC	ST	OBC	PHC	J & K Resident	in case of Minority Community (✓ the relevant option)			Muslim	Sikh	Christian	Jain	Buddhist
Admission Test Attempted :	<input type="checkbox"/> MAT	<input type="checkbox"/> CMAT	<input type="checkbox"/> CAT	<input type="checkbox"/> NEET (PG)	<input type="checkbox"/> NEET (UG)	<input type="checkbox"/> GATE	<input type="checkbox"/> GPAT	<input type="checkbox"/> UKSEE	Others (specify)					
Admission Test Roll No :							Date of Test							
State of Domicile							If you are from other country, write the name of that country							

### Personal Details of the Candidate :

Name :																			
नाम (हिन्दी में)																			
Mobile:																			
Aadhar No.																			
Email:																			
Father's/Husband's Name (full name):																			
पिता/पति का नाम (हिन्दी में)																			
Mobile No. *:																			
Email:																			
Mother's name (full name):																			
माता का नाम (हिन्दी में)																			
Mobile No. *:																			
Email:																			
Landline No:																			

Paste recent  
coloured Photograph  
of the  
Candidate / Student

### Postal Address \*:

Name of Locality/Village																			
Lane No./Post Office																			
District:																			
PIN :																			

### Permanent Address (if different from postal address)\*

Name of Locality/Village																			
Lane No./Post Office																			
District:																			
PIN :																			

Date of Birth :																			
Status :	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried																	
Sex :	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Trans gender																

### Family Details :

Occupation of the Father/Husband (✓ the relevant option)	Govt. Servant	Private Job	Business Man	Retired Govt. Servant	Monthly Income: (in Rs.)	
Occupation of the mother (✓ the relevant option)	Home Maker	Govt. Servant	Private Job	Business Woman	Monthly Income: (in Rs.)	

\*Proof to be enclosed

# QUEST FOR EXCELLENCE

## Academic Qualifications:

Level	Board/University	Aggr.%	Division	Year	Subjects
10th Std.					
12th Std.					
Diploma if any (ANM/GNM/Pharmacy/Other)					
Internship Completion Certificate					
Graduation					
Post Graduation					
Others (if any)					

Are you the Alumni of SGRR Education Mission  SGRR Public School  SGRRU, UG to PG  SGRRU, PG to Ph.D.

- Work Experience, if any (enclose certificate)
- Candidates are required to fill the academic qualifications as per their applicability.
- Candidates employed need to furnish "No Objection Certificate" from their employer.

**Above mentioned information is complete and true to the best of my knowledge and belief. I undertake to abide by all the rules and regulations of the University in force from time to time.**

(Signature of the Candidate)

Date: .....

## Check List for Enclosures

- |  |   |
|--|---|
| <input type="checkbox"/> (i) Copy of High School Marksheet as proof of Date of Birth | <input type="checkbox"/> (xv) B.Sc. (N) Degree (for Nursing students only)  |
| <input type="checkbox"/> (ii) Copy of High School Certificate                        | <input type="checkbox"/> (xvi) Post Basic B.Sc. (N) Marksheets (for Nursing students only)                                  |
| <input type="checkbox"/> (iii) Copy of Marksheet of Intermediate/12th or Equivalent  | <input type="checkbox"/> (xvii) Post Basic B.Sc. (N) Degree (for Nursing students only)                                     |
| <input type="checkbox"/> (iv) Copy of Intermediate/12th Certificate                  | <input type="checkbox"/> (xviii) RN & RM / RANM State Nursing Council (for Nursing students only)                           |
| <input type="checkbox"/> (v) Duly completed undertakings                             | <input type="checkbox"/> (xix) Internship Completion Certificate  |
| <input type="checkbox"/> (vi) Copy of Marksheets of Graduation (if applicable)       | <input type="checkbox"/> (xx) Copy of Domicile Certificate (for Uttarakhand Candidates only)                                |
| <input type="checkbox"/> (vii) Copy of MAT/CAT/CMAT Score Card (for MBA only)        | <input type="checkbox"/> (xxi) Copy of Cast Certificate for SC/ST/OBC Candidates only                                       |
| <input type="checkbox"/> (viii) Copy of GPAT Score Card (for M.Pharm. only)          | <input type="checkbox"/> (xxii) Copy of Proof of Residential Address (Electricity Bill / Telephone Bill / Aadhar Card etc.) |
| <input type="checkbox"/> (ix) Valid Score Card of entrance exam (as applicable)      | <input type="checkbox"/> (xxiii) Affidavit (In case of Gap year)  |
| <input type="checkbox"/> (x) ANM Marksheets (for Nursing students only)              | <input type="checkbox"/> (xxiv) Work Experience   |
| <input type="checkbox"/> (xi) ANM Certificate (for Nursing students only)            | <input type="checkbox"/> (xxv) Transfer/Migration Certificate (Original)  |
| <input type="checkbox"/> (xii) GNM Marksheets (for Nursing students only)            | <input type="checkbox"/> (xxvi) Aadhar Copy   |
| <input type="checkbox"/> (xiii) GNM Certificate (for Nursing students only)          |   |
| <input type="checkbox"/> (xiv) B.Sc. (N) Marksheets (for Nursing students only)      |   |

(Signature of the University Official)

Date: .....

Place: .....

# QUEST FOR EXCELLENCE

## Undertaking by Parents

I ..... F/o, M/o, G/o .....pursuing course  
..... of ..... Semester / year, hereby affirm and state as under:

1. The documents and other information submitted by my ward to the University are true to the best of my knowledge and belief. In the event of any false information or document, admission of my ward shall be liable to get cancelled and fee deposited will be forfeited.
2. I am aware that university has policy of "ZERO TOLERANCE TO RAGGING". In case my ward is found involved in any form of RAGGING, he/she shall be liable for punishment that may even result into expulsion/rustication from the University.
3. That I have obtained the brochure containing the rules and regulations of the University and have read them thoroughly. I undertake and understand that failure of my ward to abide by any of rules and regulations shall make him/her liable for disciplinary action, including rustication by the University authorities. I understand that the decision taken by the University authorities in this regard shall be final for me and my ward.
4. I undertake and bind myself to pay on behalf of my son/daughter/ward such fees, charges etc. which the University may levy from time to time by due date and in the event of failure on my part and/or of my ward, the University authorities may take such action against my ward as he/she may deem fit.
5. That my ward shall not indulge in any political activities and influence the University by any pressure from outside, which is against the norms of the University.
6. I am aware that as per the University norms 75% attendance of my ward in academics is compulsory for him/her to appear in Internal as well as External Examination.
7. That my ward will not indulge in indiscipline activity, smoking, consumption of pan masala, gutkha, drugs, narcotics and alcoholic beverage and will not keep any weapon with him/her. If found guilty, he/she shall be strictly dealt with disciplinary action by the University authorities.
8. The address and telephone numbers given by me are correct and in case of any change, I will inform the University immediately. In case, any of the contact number or other particulars submitted by me are found to be incorrect, my ward shall be liable for disciplinary action by the University.

Name : .....

Address : .....

.....

.....

.....

Phone No. : .....

Mobile No. : .....

Email : .....

Photograph  
of  
Parent/Guardian

Signature

Father's/Husband's Signature*	Mother's Signature*	Guardian's Signature*

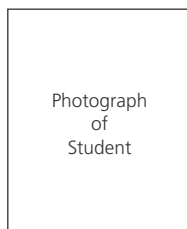
\*Mandatory (as applicable)

# QUEST FOR EXCELLENCE

## Undertaking by Student

I ..... S/o, D/o, .....pursuing course  
..... of ..... Semester / year, hereby affirm and state as under:

1. The documents and other information submitted by me to the University are true to the best of my knowledge and belief. I understand that if any document or information is found to be false, admission shall be liable to get cancelled and fee deposited will be forfeited.
2. I am aware that University has policy of "ZERO TOLERANCE TO RAGGING ". In case I am found involved in any form of RAGGING, I shall be liable for punishment that may even result into expulsion/rustication from the University.
3. It is my responsibility to get my registration for Anti Ragging online as per the norms of UGC.
4. That I have obtained the brochure containing the rules and regulations of the University and have read them thoroughly. I undertake and understand that the failure on my part to abide by any of rules and regulations shall make me liable to disciplinary action, including rustication by the University authorities. I understand that the decision of the University authorities in this regard shall be final for me.
5. That I shall not indulge in any political activities and influence the University by any pressure from outside, which is against the norms of the University.
6. That I shall maintain good behavior and abide by the University Act, Statutes, Ordinances, Regulations and other instructions issued by the University, and other competent authorities from time to time.
7. I understand that as per the University norms 75% attendance in academics is compulsory to appear in Internal as well as External Examination.
8. That I will not involve in cheating or helping others to cheat in examination which may cause disturbance, disruption, dislocation, etc. in the smooth functioning of the University and if it is found, I shall be liable for punishment including expulsion from the University.
9. That I will not indulge in indiscipline activity, smoking, consumption of pan masala, gutkha, drugs, narcotics and alcoholic beverage and will not keep any weapon with me. If found guilty, I shall be strictly dealt with disciplinary action by the University authorities.
10. That I will neither indulge in any amalgamation and violence of any kind that may lead to destruction, quarrel, and disturbing peaceful and academic ambience in the University.
11. I fully understand that address and telephone numbers given by me are correct and in case of any change, it will remain compulsory for me to inform the University. In case, any of the contact number submitted by me is found to be incorrect, I shall be liable for disciplinary action by the University authorities.
12. My admission in the captioned course is provisional as my results are still awaited. I will be submitting my required qualifying certificate/Marksheet on or before 30th Sep. 2021 otherwise my admission may be treated as cancelled.



Photograph  
of  
Student

**Signature**

Name : .....

Phone No. : .....

Mobile No. : .....

**Remarks of Admission In-charge (For Concession)**

**Signature**

**Remarks (for office use only)**



## COURSES OFFERED 2021-22

### SGRR INSTITUTE OF MEDICAL AND HEALTH SCIENCES

MD	MS	MBBS	DM	MCH
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### SCHOOL OF NURSING

M.Sc. (Nursing)	Basic B.Sc. (Nursing)	Post B.Sc. (Nursing)	GNM	ANM
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### SCHOOL OF PARAMEDICAL SCIENCES

B.M.L.T	BMRIT	BPT					
M.Sc. M.L.T.	MPT	Ortho	Neuro	Sports	Cardio	Paedia	Obs. & Gynae
B.Sc.	Optometry	Medical Microbiology					

### SCHOOL OF MANAGEMENT & COMMERCE STUDIES

MBA	MHA	M.Com	BBA	BHA	B.Com	B.Com (Hons.)
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### SCHOOL OF COMPUTER APPLICATION & INFORMATION TECHNOLOGY

MCA	BCA	B.Sc. (IT)	B.Sc. (Hons.) CS
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### SCHOOL OF PHARMACEUTICAL SCIENCES

Pharm. D.	Pharm. D. (Post Baccalaureate)				
M.Pharm.	Pharmacy Practice	Pharmaceutics	Pharmacology	Pharmaceutical Q.A.	Pharmacognosy
M.Sc.	Pharmaceutical Chemistry	B. Pharm.	B. Pharm.(LE)	D. Pharm.	

### SCHOOL OF BASIC & APPLIED SCIENCES

M.Sc.	Biotechnology	Botany	Zoology	Geology	Chemistry	Microbiology	Physics	Mathematics
		Environmental Science						
B.Sc. (Hons.)	Biotechnology							
B.Sc.	CBZ	PCM	PMD	PMG	PMS	Microbiology with CZ/CB/BZ	Biotechnology with CZ/CB	

### SCHOOL OF HUMANITIES & SOCIAL SCIENCES

<b>M.Sc.</b>	Geography	Statistics	Yogic Science	<b>MSW</b>				
<b>MA</b>	Geography	Statistics	Yogic Science	Economics	Political Science	History	Mass Communication	
	English	Home Science	Drawing & Painting	Music	Garhwali Language and Culture			
<b>BA</b>	History	Economics	Geography	Hindi	English	Political Science	Statistics	Psychology
	Home Science	Drawing & Painting	Music	Garhwali Language and Culture	Defense & Strategic Studies			
<b>B.Sc.</b>	Yogic Science	<b>B.A. (Hons.)</b>	Journalism & Mass Communication					
<b>Post Graduate Diploma in Yogic Science</b>	<b>Certificate Course in Yogic Science</b>							

### SCHOOL OF AGRICULTURAL SCIENCES

<b>M.Sc. (Ag.)</b>	Soil Science	Seed Science & Technology	Entomology	Plant Pathology	Agronomy	Horticulture
<b>B.Sc. (Hons.)</b>	Agriculture	Horticulture				

### SCHOOL OF EDUCATION

<b>M.Ed.</b>	<b>B.Ed.</b>	<b>PG Diploma in Guidance &amp; Counseling</b>
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