

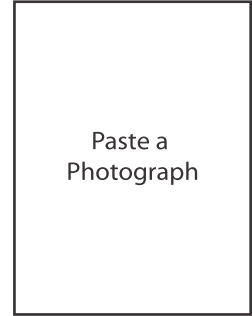
REGISTRATION FORM

Form No. _____

Date _____

SCHOOL OF ENGINEERING & EMERGING TECHNOLOGIES (SEET)

B Tech : CE CSE ECE EE ME
B. Tech (Leet) : CE CSE ECE EE ME
CA : BCA MCA
M Tech : CE CSE ECE EE ME
Ph D : _____



SCHOOL OF PHARMACY & EMERGING SCIENCES (SPES)

D Pharm B Pharm B Pharm (Leet)
M Pharm : P'Ceutics P'Chemistry P'Cology P'Analysis Industrial Pharmacy
Ph D _____

SCHOOL OF MANAGEMENT STUDIES (SMS)

BBA B Com MBA E-MBA BHM Ph D

SCHOOL OF SCIENCES (SOS)

B Sc : Medical Chemistry (Hons)
M Sc : Physics Chemistry Microbiology Mathematics
Bachelor of Education (B Ed)

SCHOOL OF AGRICULTURAL SCIENCES (SOAS)

B Sc Agriculture

SCHOOL OF MEDICAL SCIENCES

Bachelor of Physiotherapy

BUEST COLLEGE OF NURSING

B Sc Nursing

PERSONAL INFO

Student Name _____ Student Mobile No _____

Father Name _____ Father Ph. No. _____

Aadhar No _____ Student E-mail Id _____

Blood Group _____ Gender _____ DOB ____/____/____ Domicile _____ Married /Unmarried

Religion _____ NATIONALITY _____ Category : GEN / SC / ST / OBC / PH /OTHERS _____

Father Qualification _____ Father Profession _____

Mother Name _____ Mother Ph. No. _____

Mother Qualification _____ Mother Profession _____

HOSTEL REQUIRED : Yes No (if yes) Double Seater Triple Seater TRANSPORT REQUIRED Yes / No _____

PERMANENT ADDRESS

Address _____

Locality _____ City _____ Tehsil _____

Thana _____ Distt _____ State _____

Country _____ Pin _____ Landline _____

CORRESPONDENCE ADDRESS

Address _____

Locality _____ City _____ Tehsil _____

Thana _____ Distt _____ State _____

Country _____ Pin _____ Landline _____

QUALIFICATION DETAILS

Examination Passed	Year	University Board	School/ College	Subject	Marks Obtained/ Max. Marks or CGPA	Marks Percentage/ Division
Matric						
10+2						
Graduation (Specify)						
Any Other						

OTHER DETAILS

Total Family Annual Income (From all sources) _____

Category under which admission is sought :

Admission Test in which appeared (Please Tick):

AIMAT / CAT / JEE Mains / HP CMAT / GATE / UGC/SLET/CSIR (JRF) / BUEST Ent. _____ Test MAT _____

Month _____ Year _____ Roll No.: _____ Marks _____

Obtained _____ Max. Marks _____

SIBLING DETAILS (IF APPLICABLE)

Sibling Student Name _____ Year of Admission _____

School SEET / SMS / SOS / SPES / SOAS / BNC / BPT Course _____ Year of Passing _____

UNDERTAKING

I declare that the entries made by me in the above form are correct to the best of my knowledge. I undertake that I shall not indulge in any form of ragging during my stay in the University. If found guilty, I shall be liable for punishment under Prohibition of Ragging Act 2009 promulgated by the Govt. of Himachal Pradesh of related Laws/U.G.C. Regulations. I have not been involved in ragging in the past. I am conscious that if any of the entries are found to be incorrect, my admission is liable to be cancelled. I shall abide by the rules & regulations of the University in vogue and as amended from time to time.

Date _____ Place _____

Signature of the Candidate

Signature of Parent/Guardian

Important Note:

- The application form has to be completed in every respect. A photocopy of Admit Card & Score Card of Admission test and attested copies of certificates/testimonials should be submitted in the office of Chairman Admission Committee.
- Gap years in the studies, if any must be indicated and an affidavit to that effect must be submitted duly attested by a magistrate/Notary

(OFFICE USE ONLY)

Scholarship Type (if applicable):

★ Academic _____

★ Sibling _____

★ Defence _____

★ University Employees _____

★ Single Girl Child _____

★ SC _____

★ BPL _____

★ Orphan Child _____

★ ST _____

★ Freedom Fighter _____

★ Disabled Persons _____

★ Others _____

Special Remarks (if any):

Fee deposit details :

DATE : _____ RECEIPT NO. _____ AMOUNT DEPOSITED: _____ RECEIPT ISSUED BY: _____

DATE : _____ RECEIPT NO. _____ AMOUNT DEPOSITED: _____ RECEIPT ISSUED BY: _____

DATE : _____ RECEIPT NO. _____ AMOUNT DEPOSITED: _____ RECEIPT ISSUED BY: _____

Counsellor Sign.

Competent Authority