

UNDERGRADUATE APPLICATION FORM-B Session 2018 - 2019

APPLICATION FOR ADMISSION IN

**Applicant to
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FACULTY OF SCIENCE - B.Sc.

- HEALTH SCIENCES
- NUTRITION
- ZOOLOGY
- BOTANY
- PHYSICS
- CHEMISTRY
- MATHEMATICS
- BIOTECHNOLOGY

FACULTY OF SCIENCE - B.Sc.(Hons.)

- ZOOLOGY
- BOTANY
- PHYSICS
- CHEMISTRY
- MATHEMATICS

FACULTY OF ENGINEERING

- B.TECH (BIOMEDICAL)
- B.TECH. (BIOTECHNOLOGY)

FACULTY OF COMMUNICATION

- BACHELOR OF JOURNALISM & MASS COMMUNICATION

FACULTY OF COMPUTER SCIENCE

- BACHELOR OF COMPUTER APPLICATION (B.C.A.)
- INTEGRATED B.C.A. WITH P.G. DIPLOMA

FACULTY OF LIBERAL EDUCATION

- BACHELOR OF ARTS
- BACHELOR OF SCIENCE

1. NAME OF THE APPLICANT : MS./MRS./MR. (IN BLOCK LETTERS)

2. DATE OF BIRTH

[DD] [MM] [YEAR]

3. SEX

MALE FEMALE

4. NATIONALITY

5. DO YOU HAVE ANY PHYSICAL DISABILITIES?

YES NO

6. DO YOU HAVE ANY MEDICAL CONDITION OR LEARNING DISABILITY THAT MAY REQUIRE SPECIAL ATTENTION DURING THE COURSE ?

YES NO

7. PERMANENT ADDRESS

CITY

STATE

PIN CODE

8. TELEPHONE

9. MOBILE

+91

10. E-MAIL

11. MAILING ADDRESS

SAME AS PERMANENT ADDRESS

CITY

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STATE

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PIN CODE

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TELEPHONE

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MOBILE

+91																				
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E-MAIL

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PARENT/GUARDIAN DETAILS

12. FATHER'S NAME

13. MOTHER'S NAME

14. NAME OF GUARDIAN

15. OCCUPATION OF GUARDIAN

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16. QUALIFICATION OF GUARDIAN

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17. MOBILE OF GUARDIAN

+91																				
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18. E-MAIL OF GUARDIAN

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19. EDUCATIONAL QUALIFICATION

Examination	Roll No.	Year of Passing	Board/University	Subject Offered	% of Marks	Division/Grade
10th Std./High school						
SSC/(10+2)/Inter						
Under graduation						
Post graduation						

20. ANY OTHER PROFESSIONAL QUALIFICATION / DIPLOMA

Name of Professional Qualification/Diploma	Year of Passing	Board/ University	% of Marks	Division/ Grade	Experience in Months/ Years

DECLARATION BY THE CANDIDATE

I S/o or D/o declare that the information furnished by me herein are true and correct. In case any information furnished herein is found to be incorrect or any document is found to be forged, I agree to forego my claim for admission and abide by the decision of the University authorities.

I further declare that I have read the prospectus furnished with the application form fully and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

PLACE :

Date :

Signature of the candidate

21. LIST OF ENCLOSURE :

UNDER GRADUATE APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	✓/X
	Self Attested ID & ADDRESS PROOF	
	4 PHOTOGRAPHS	
	Self Attested copy of SSLC Mark Sheet	
	Self Attested copy of 10+2 Mark Sheet	

Signature of the Candidate

Note:

- B** The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- B** Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

The duly filled application should be sent by post to:

The Admission Cell,
Era University,
Sarfarazganj, Hardoi Road,
Lucknow-226003