

Sri Satya Sai University of Technology & Medical Sciences, Sehore

Enrollment Form

To,

The Registrar, Sri Satya Sai University of Technology & Medical Sciences, Sehore (M.P.) Please affix a passport size photo

Sir,

Giving the following details, I request you to please enroll me in the Sri Satya Sai University of Technology & Medical Science, Sehore and communicate to me the allotted Enrollment Number. I have read all the rules, regulation and ordinance of the university relevant to me and I promise to abide by them. I also promise to obey all the rules and regulations enforced by the University in future.

1. (a) Name (In capital letters) Mr./Ms./Mrs. (As per 10+2 mark sheet/passing certificate)		(Surname)			(First		Name)		(Middle I		dle N	Name)				
(b) Name of Student in Hindi					• ,			·······								
(c) Gender Male 2. (a) Father's Name		Female														
(b) Mother's Name																
3. Date of Birth		Date		Mo	nth		Ye	ar								
4. (a) Category Gene	al	OBC		SC] :	ST		Oth	er Cla	SS					
(b) Religion																
5. Date of Admission		Date		Mo	nth		Yea	ar								
6. Name of Department, which admitted							Dep	partment 0	Code							
Higher Se Bachelor	High School Higher Secondary			Board/University												
8. Name of the course in which admitted								Branch								
9. Mode of Admission																
10. Name of the Board/University last att	ended with	n year														
11. Migration Certificate No. if any (attac	n in origina	ıl)														
12. Permanent Postal Address																
	Telephone No. (With STD Code)															
Date: Signature																

<u>Certificate</u>

Certified that the above student has been admitted to this institution through as per procedure laid down by regulatory authorities and the entries above have been checked and verified by me from the records. Therefore, I recommend that he/she should be enrolled as requested by the student.

Date:

Signature of the Dean with seal