



Sri Satya Sai University of Technology & Medical Sciences, Sehore

University established by M.P. Legislature Act No. 6/2014 and duly recognized by UGC U/S 2(f)

Admission/Registration Form

Please affix
a passport
size photo

1. Name of Institute : _____
2. Course for which admitted : _____
3. Name of Student : _____
4. Father's Name : _____
5. Mother's Name : _____
6. Father's Occupation : Govt. Job ☐ Private Job ☐ Businessman ☐ Other ☐
7. Annual Income : _____
8. Date of Birth :

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Date Month Year
9. Category : General ☐ OBC ☐ ST ☐ SC ☐
10. Address (Local) : _____

Pin Code _____
11. Address (Permanent) : _____

Pin Code _____
12. Mobile No. :

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13. Qualifying Exam :

S.No.	Name of Exam	Board/University	Passing Year	Percentage	Remark
1.					
2.					
3.					
4.					
5.					
6.					
7.					

14. Documents Submitted : Please tick (√)

S.No.	Name of Documents	Original	Photocopy	Remark
1.	High School Mark sheet			
2.	Higher Secondary Mark sheet			
3.	Graduation Mark sheet			
4.	Post Graduation Mark sheet			
5.	Diploma Mark sheet			
6.	Character Certificate			
7.	Transfer Certificate			
8.	Migration/Provisional Certificate			
9.	Domicile Certificate			
10.	Caste Certificate			
11.	Income Certificate			
12.	Other Certificate			

Date : _____

Signature of Student: _____

Declaration by Student/Parent/Guardian

Self/on behalf of my ward hereby declare that:

1. The information given by me in the application form and all enclosures are true to the best of my knowledge. However, should it, be found that any information/enclosures therein are untrue/wrong I am/my ward liable to be disqualified for admission.
2. If I am/my ward selected for admission I am/my promise to abide by the rules & regulations of the Institute/University and maintain the discipline in the institute and the hostel.
3. Initially the admission is provisional and is subject to confirmation from the counseling authority concerned University and State Government.
4. It is compulsory for me/my ward to appear for online counseling at any place directed by the counseling authority with in the specified date and time failing which I/my ward's registration will be automatically cancelled without any refund of fee.
5. I understand that if I get my admission/registration cancelled the fee deposited by me is non-refundable.
6. Cancellation of admission/registration is not possible without paying the full fees for the entire course.
7. I undertake to abide by the "Student Leaving Midstream" clause of the prospectus and agree to pay fees for the whole course if I leave course in midstream.
8. Any dispute is subject to Sehere Jurisdiction.

Signature of Declarer _____

Date : _____

Name of Declarer _____

Place : _____

Relationship with Candidate _____