



Davara University



APPLICATION FORM

1. Do not use digital or computerized picture
2. Do not pin or staple the photograph
3. Do not Sign on the photograph

Signature of Candidate

Please fill in BLOCK CAPITAL LETTERS

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose. It will be treated in confidence and will only be seen by those whose job requires them to do so.

1. Programme Title (Code)

Programme Preference : Session :

Specialization / Elective : (I)

Elective : (II)

Elective : (III)

Lateral Entry / Credit Transfer : YES ☐ NO ☐ Medium of Instruction : Hindi ☐ English ☐

2. Personal details

2. Personal details

Title :Mr./Ms.		Gender : Male		Female		Date of Birth							
							Day	Month	Year				

[illegible]

General ☐ SC ☐ ST ☐ OBC ☐ PH (Physically Handicapped) ☐ Marital Status :

[illegible][illegible]

City															Post Code									State									
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[illegible][illegible][illegible][illegible][illegible]

Country

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[illegible]

Passport No. Blood Group..... Religion

3. Family Details

Father's Name :

Address :

Occupation :

Name of the Co. :

E-mail :

Mob.

Mother's Name :

Address :

Occupation :

Name of the Co. :

E-mail :

Mob.

4. Academic Qualification

Level, eg. X, XII, BA, B.Sc., B.Com., M.Com., A level, O Level, etc.	Name of the Institute (School, College)	Name of Board / University	Passing out Year	Results (Grade or %)

5. Academic Achievements (attach additional sheet (s), if necessary)

Higher Secondary Level (Class I to X), O Level	
Sr. Secondary Level (Class X + 2), A Level	
Graduate / P.G. Level	
Any Other	

6. Extra curricular Activities / Achievements (attach additional sheet (s), if necessary)

Higher Secondary Level (Class I to X), O Level	
Sr. Secondary Level (Class X + 2), A Level	
Graduate / P.G. Level	

7. Employment and Work Experience (attach additional sheet (s), if applicable)

Please give details of work experience and employment in reverse chronological order.

Name of Organization	Designation	Full Time or Part Time	From		To	
			Month	Year	Month	Year

8. Local Guardian

Name :

Address :

Relations :

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (Please tick relevant boxes)

- ☐ Advertisement ☐ Colleague / Friend ☐ Education Fair.....
- ☐ Internet ☐ Personal Enquiry to Shri Davara University
- ☐ Direct Mail ☐ Others : (Please Specify)

9. Fee payment : Self Sponsored ☐ Govt. Sponsored ☐ Other ☐

10. Brother / sister(s) details : Does any of your siblings(s) study / have studied at Shri DU? Yes ☐ No ☐

If so please provide details : Name Relationship
Programme Year of Admission

Relations	Name	Organization	Designation	Mobile	E-mail

11. Hostel Facilities Required : Please tick the desired option

Yes ☐ No ☐

12. Transport Facility Required. : Campus Transport Yes ☐ No ☐

13. Languages Known

Read :

Write :

Speak :

14. Please tick the areas in which you are good / have performed / have contributed in the past

- | | | | |
|---------------------------|--------------------------|-------------------------|--------------------------|
| 1. Public speaking | ☐ | 15. Teaching | ☐ |
| 2. Dramatics | ☐ | 16. Calligraphy | ☐ |
| 3. Singing | ☐ | 17. Painting | ☐ |
| 4. Dance | ☐ | 18. Art & Craft | ☐ |
| 5. Training | ☐ | 19. Textile Design | ☐ |
| 6. Electronics / Robotics | ☐ | 20. Fashion Design | ☐ |
| 7. Computers | ☐ | 21. Interior Design | ☐ |
| 8. Networking | ☐ | 22. Musical Instruments | ☐ |
| 9. Web Design | ☐ | 23. Swimming | ☐ |
| 10. Computer Programming | ☐ | 24. Music | ☐ |
| 11. Athletics | ☐ | 25. Quiz | ☐ |
| 12. Indoor Games | ☐ | 26. Presentation | ☐ |
| 13. Outdoor Games | ☐ | 27. Debate | ☐ |
| 14. Events Organization | ☐ | 28. Social Work | ☐ |

VERIFICATION

I, Resident of city Countrydo

hereby verify that the contents of my above undertaking are true to my personal knowledge and belief.

signed and verified at on this day of

Passport no.

Counter signed by Parent / Guardian

(Signature of Student)

Place :

Date :

CHECK LIST

For Office Use Only

- ☐ Candidate Name
- ☐ Course, Title & Semester
- ☐ DOB proof (Matriculation Certificate, Passport Copy)
- ☐ Proof of Education Qualification (Self attested Photocopy) (10th Certificate / +2 certificate / Graduation Certificate / Provisional Degree/ Migration) Certificate
- ☐ Proof of Employment (Experience certificate, Payslip)
- ☐ 6 Passport size photographs
- ☐ Copy of Passport
- ☐ Copy of Visa
- ☐ Copy of National ID

Name

Designation

Signature

Date