



# Central Sanskrit University

(Established by an Act of Parliament)

Under Ministry of Education, Govt. of India

## केन्द्रीयसंस्कृतविश्वविद्यालयः

( संसदः अधिनियमेन स्थापितः ) भारतसर्वकारस्य शिक्षामन्त्रालयाधीनः

### ADMISSION FORM

FORM NO : \_\_\_\_\_

COURSE : \_\_\_\_\_ SUBJECT : \_\_\_\_\_ MODERN SUBJECT : \_\_\_\_\_

#### PERSONAL INFORMATION :

Name : \_\_\_\_\_  
(In Hindi) : \_\_\_\_\_  
Father's Name : \_\_\_\_\_  
(In Hindi) : \_\_\_\_\_  
Mother's Name : \_\_\_\_\_  
(In Hindi) : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_  
Gender : \_\_\_\_\_ Nationality : \_\_\_\_\_  
Religion : \_\_\_\_\_ Are You Poverty Line :(Yes/No) \_\_\_\_\_  
Mother Tongue : \_\_\_\_\_  
Whether Differently Abled :(Yes/No) \_\_\_\_\_ Blood Group : \_\_\_\_\_  
Adhar Card Number : \_\_\_\_\_  
Category : \_\_\_\_\_  
Area : (Urban/Rural) \_\_\_\_\_ Marital Status : (Married/Unmarried) \_\_\_\_\_  
Registered anti-Ragging Portal :(Yes/No) \_\_\_\_\_



#### CONTACT DETAILS

Permanent Address : \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_  
Postal Address :: \_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_  
Mobile No. : \_\_\_\_\_ Email : \_\_\_\_\_

## QUALIFICATION DETAILS

Name of Examination Passed : \_\_\_\_\_  
Name of the Board/University : \_\_\_\_\_  
Year of Passing : \_\_\_\_\_  
Roll No. : \_\_\_\_\_  
Percentage/Grade : \_\_\_\_\_  
Division : \_\_\_\_\_

### Educational and Professional Qualification : (Starting from 10th Board)

Course	Name of Board/University	Year of Passing	% Obtainede

#### Enclosures :

- Previous Year Mark Sheet
- Affidavit by Parents/Guardians
- Certificate of Medical Fitness
- Affidavit by Student
- Part- B Application Form

Hostel Accommodation Required: (Yes/No) \_\_\_\_\_

**DECLARATION BY THE APPLICANT:** I hereby declare that I carefully read the all information & Instructions as mentioned in Prospectus for the candidates and all the information furnished by me in this application & in the documents I have submitted in support of my application are true, complete and correct. In case any information in this application is found to be false or incorrect at any time (during or after completion of the course), this shall entail automatic cancellation of my admission if granted, cancellation of the degree if awarded, besides rendering me liable to such action as the University may deem fit. In the event of any medical or other emergency, my parents are guardians may be contacted at the address given above.

Date: \_\_\_\_\_

Signature of Student