



Application form for Admission

Applied Course Name	Semester / Year	Admission Session	Stick your photo here
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Major Subject Name	Lateral / Fresh Admission	Scholarship (Yes / No)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature
Minor Subject Name	Domicile State	Enrolment Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

(Please fill the form using black/blue ball point pen only & in the capital letter)

Name of the Applicant in English as in the Birth Certificate or Marks Sheet of SSC Exam :

<input type="text"/>

Name of the Applicant in Hindi as in the Birth Certificate or Marks Sheet of SSC Exam :

<input type="text"/>

Father's Name :

<input type="text"/>

Mother's Name :

<input type="text"/>

Date of Birth : Sex : Martial Status : Community : Religion : Nationality :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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DD MM YEAR

1. Male
2. Female

(SC / ST /OBC / GEN)

Complete Address for Correspondences (Don't repeat name) (Use capital letters only)

<input type="text"/>	Postal City : <input type="text"/>
	State : <input type="text"/>
	Pin Code : <input type="text"/>

Home Address

<input type="text"/>

Resi. Tel : with code <input type="text"/>	Mobile : <input type="text"/>	E-mail : <input type="text"/>
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2. ACADEMIC QUALIFICATION

Provide complete information on examination marks obtained in all columns. Marks stated in these columns must tally with those in the original mark sheets. Enclose photocopy of certificates. (Attested by gazetted officer)

Examination Passed	Subject Name	Name of the School / College	Name of the Board / University	Month & Year of Passing	Marks Obtained/ total marks	Percentage (Aggregate) Grade Point (GP)
10th						
12th / ITI Arts/Comm/Sci						
Diploma						
Graduate BA / BCOM / B.SC						
Post Graduate						
Other						

3. FAMILY DETAILS :

Name	Relation	Service/ Self Employed Name of Organization	Phone Mobile No.	Designation

DECLARATION BY THE APPLICANT

- I understand that the fees once paid will not be refunded.
- The eligibility documents submitted by me are true and genuine to the best of my knowledge and belief.
- I will not involve in malpractice, misconduct, fraud in any manner during any tenure of study in the University.

I confirm that the information given on this form is true, complete and accurate and none of the information requested of other material information has been omitted. I accept if it is discovered that I have supplied false, inaccurate or misleading information, Capital University, Sikkim reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the Capital University, Sikkim and I shall have no claim against Capital University, Sikkim in relation thereto.

Place : _____

Date : _____

Signature of the Applicant**Payment Details**

DD No.	DD Date	Name and Address of Bank	DD Amount

Reference Through: _____ Contact no: _____

For Office Use
To be attach following documents

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|---|--------------------------|--|--------------------------|
| 1. Attested Xerox Copy of Date of Birth Certificate | <input type="checkbox"/> | 5. School leaving Cert./ Migration Cert. | <input type="checkbox"/> |
| 2. Photographs of students | <input type="checkbox"/> | 6. Passing Certificate | <input type="checkbox"/> |
| 3. Attested Xerox copy of Aadhar Card | <input type="checkbox"/> | 7. Mark Sheet | <input type="checkbox"/> |
| 4. Character Certificate | <input type="checkbox"/> | 8. Attested Xerox copy of SC/ST/OBC | <input type="checkbox"/> |

Entrance Test Date

Obtain Marks

Total Marks of Test

Results Status (P/F)

Benefits given

Remark :

Academics in charge Sign:

Accounts in charge Sign:

Head Office in charge Sign:

Form fee: 500/-