विद्या भारती उच्च शिक्षा संस्थान द्वारा संचालित एवं माँ शाकुम्भरी विश्वविद्यालय से सम्बद्ध

एस0वी0एम0 योग एण्ड हैल्थ साईसेंज कॉलेज

SVM Yoga & Health Sciences College

Jansath Road, Muzaffarnagar 251001 (U.P.)
Mob. : 7451812958, 7505051736, Ph. : 0131-2970044

1384

College Code 735

1. Form No. ..... Session :
2. University Registration No. .....Passward.....
3. Class .....
4. Applicant Name .....
   (in Capital Letters (As per High School Certificate)
5. Student WhatsApp No. .....
6. Email ID .....
7. Aadhar No. .....
8. Father's Name .....Mobile No. .....
9. Mother's Name .....Mobile No. .....
10. Correspondence Address .....
    .....
11. Permanent Address .....
    .....
12. Category (Vaild Certificate must be attached if not under General Category)

Gen	OBC	SC	ST	MINORITY	PH

13. Gender

Male	Female	Other

14. Date of Birth - | | | | | | | | | |
15. Medium of Education Required (Tick the Column) Hindi ☐ English ☐
16. Religion ..... Cast ..... Nationality .....
17. Domicile of U.P. ..... Yes / No.
18. Rover / Range (Yes/No) NSS - (Yes/No.) Blood Group-
19. Educational Qualification -

Examination	Board/University	School/College	Year of Passing	Marks Obtained	Max. Marks	% of Marks Obtained	Examination
High School							
Intermediate (10+2)							
Others							

20. Weightage if any (attach certificate) NSS/NCC/SPORTS/SCOUT-GUIDE
21. FEES DEPOSIT IN 02 INSTALMENT ONLY.
    - 1st Instalment Fees Deposit Admission Time
    - 2nd Istalment Fees Deposit Exam Form Submitt in College

Colour Photo

Signature of Father / Mother

Signature of Student