

SWAMI RAMANAND TEERTH MARATHWADA UNIVERSITY, NANDED

INTERNATIONAL STUDENT CENTRE

APPLICATION FORM FOR ELIGIBILITY / ADMISSION

Application Form No: _____

The Registrar
S R T M University,
Nanded 431 606
Fax: 0091-02462 -
0091-02462 -

Important Instructions

1. Form should be signed by the student
2. Incomplete form will not be accepted
3. No refund of Fees
4. This form is valid only for the year of application

Sir,

I hereby apply for grant of eligibility and admission as an International Student to _____ Degree course during the Academic year _____ and request you to kindly grant me a certificate of eligibility and admission to the said course in your University. I submit my particulars as under.

Name in Full: (In Capital Letters)

Address:

Nationality: _____

Sex: Male _____ Female _____ (Tick One)

Date of Birth: Day _____ Month _____ Year _____

Marital Status: Married _____ Unmarried _____

(Tick appropriate)

Name of the course to which admission sought:

Preferences: (College / University Department / Institute)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Educational Qualifications

1. Name/ Title of the Last Examination Passed :

2. Name of the Examining Body :

(Whether University or Board) _____

3. Passed XII std. Examination with English as one of the passing subjects

Yes: _____ No: _____ (Tick Appropriate)

Name and Address of the School / College / Institution last attended

Copies of the Certificates / Documents attached:

1. _____
2. _____
3. _____
4. _____

Declaration and Undertaking

I hereby declare that I have carefully read this application form for eligibility / admission and have noted the instructions / requirements therefore. I have also carefully noted the rules of eligibility and conduct and discipline laid down by the University and I agree to abide by them. I understand and declare that I shall be responsible for any discrepancies, error, wrong or incorrect information supplied by me in this application form and for cancellation of admission therefore or otherwise found ineligible. I undertake to furnish the necessary certificates / papers in original along with a true copy of each of them as and when asked for, failing which I understand that my eligibility and admission Stands automatically cancelled and that the University is not responsible for the same.

I hereby declare that the information given in this form is true and correct to the best of my Knowledge and belief

Date: _____

Yours Faithfully,

Signature of the Student

(The part below is For Office Use Only)

CASE PAPER

(To be filled in by the Office of the University)

Part One

Nationality _____ R.No. _____

Class _____

College / Institute / Department _____

Academic Year _____ Amount of Eligibility Fee _____

Receipt No. and Date _____

_____ Date: ____/____/_____

Case Prepared by

PART TWO

SCRUTINY

Nature of the Discrepancy Informed On Compiled On

Medical Fitness Certificate _____

Fee _____

Proficiency Test in English _____

Proper Visa _____

Date: ____/____/____

Scrutinised by

PART THREE

Case finalized on _____/_____/_____

ADMITTED

NOT ADMITTED