APPLICATION FORMAT

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The Secretary, Santosh University, Ghaziabad. Affix Pass Port Size Photograph of the applicant

Name of the Course and Discapplied	cipline :	
Name of the Applicant	:	
Date of Birth		
	•	
Father's Name	:	
Gender	:	
Category / Community	:	
Nationality	:	
Address	:	
(Permanent and Mailing)	:	
Mobile No and Phone No.	:	
Email ID	:	

Details of Education Qualification

Degree MBBS/	Board / Council/	Name & Address of the	Month &	% of	Name of
BDS/ M.Sc./ MD/ MS/ MDS	University	Recognized Institution / University	Year of Passing	Marks obtained	the Council, Regn. No & Date

Details of Experience and Employment Designation Department Name of the Institution From To UNDERTAKING/ DECLARATION I hereby declare that the information furnished by me in the Application Form is correct and nothing has been concealed. In case any information furnished by me is found to be false, my candidature/ registration/ admission/ service may be cancelled/ terminated. I have not concealed any information. I realize that if any information furnished herein is found to be incorrect or untrue; I shall be liable to civil/ criminal prosecution and also forgo my claim to the admission/ appointment in the Institute. Signature of the Applicant Date Mobile No Email ID Email ID							
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