

APPLICATION FORMAT

Affix Pass Port
Size Photograph
of the applicant

To

The Secretary,
Santosh University,
Ghaziabad.

Name of the Course and Discipline
applied :

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

Details of Experience and Employment

Designation	Department	Name of the Institution	From	To

Research Publication with details thereof: _____

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 : _____