

UNDERGRADUATE APPLICATION FORM

SESSION 2021 - 2022

**Applicant to
fix passport
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photograph**

Application for admission in

FACULTY OF ALLIED HEALTH SCIENCES & RESEARCH

B.Sc. IN RADIOLOGICAL IMAGING TECHNIQUE	<input type="checkbox"/>
B.Sc. IN MEDICAL LABORATORY TECHNIQUE	<input type="checkbox"/>
B.Sc. IN OPTOMETRY	<input type="checkbox"/>
BACHELOR OF PHYSIOTHERAPY	<input type="checkbox"/>

FACULTY OF SCIENCE

B.Sc. IN FOOD & NUTRITION	<input type="checkbox"/>
B.Sc. IN BIOTECHNOLOGY	<input type="checkbox"/>
BACHELOR OF COMPUTER APPLICATION (B.C.A.)	<input type="checkbox"/>
INTEGRATED B.C.A. WITH P.G. DIPLOMA	<input type="checkbox"/>

FACULTY OF NURSING

B.Sc. NURSING ☐

P.B. B.Sc. NURSING ☐

DEPARTMENT OF LIBERAL EDUCATION

BACHELOR OF ARTS ☐

BACHELOR OF SCIENCE ☐

FACULTY OF PHARMACY

BACHELOR OF PHARMACY

1. NAME OF THE APPLICANT : MS./MRS./MR. (IN BLOCK LETTERS)

[illegible]

2. DATE OF BIRTH

[DD]	[MM]		[YEAR]				

3. SEX (✓)

MALE FEMALE

4. NATIONALITY

[illegible]

5. DO YOU HAVE ANY PHYSICAL DISABILITIES? (✓)

YES NO

6. DO YOU HAVE ANY MEDICAL CONDITION OR LEARNING DISABILITY THAT MAY REQUIRE SPECIAL ATTENTION DURING THE COURSE ?

YES NO

7. CATEGORY

9

GENERAL

7

OBC

9

SC/ST

7

OTHER STATE

8. PERMANENT ADDRESS

[illegible]

CITY

[illegible]

STATE

[illegible]

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[illegible]

+91									
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[illegible]☐ SAME AS PERMANENT ADDRESS[illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible]☐ YES

NO

NAME

EMPLOYEE ID

15. FATHER'S NAME

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]☐ YES

☐ NO

NAME

EMPLOYEE ID

RELATION

[illegible][illegible][illegible]

Examination	Roll No.	Year of Passing	Board/ University	Subject Offered	% of Marks	Division/ Grade
10th Std./ High school						
SSC/(10+2)/Inter						
Under graduation						
Post graduation						

Name of Professional Qualification/Diploma	Year of Passing	Board/ University	% of Marks	Division/ Grade	Experience in Months/ Years

I further declare that I have fully read the prospectus furnished with the application form and understood the contents therein clearly and I hereby undertake to abide by the conditions prescribed therein.

Signature of the candidate

26. LIST OF ENCLOSURE :

UNDER GRADUATE APPLICANTS ARE INSTRUCTED TO ENCLOSE THE FOLLOWING DETAILS:

S.no.	Particulars	✓/X
1	Self Attested ID & Address Proof (Aadhar No.)	
2	4 Photographs	
3	Self Attested copy of SSLC Mark Sheet	
4	Self Attested copy of 10+2 Mark Sheet	

Signature of the Candidate

Note:

- The candidate must ensure that application is complete and all the necessary documents enclosed before submitting the application.
- Incomplete application submitted without enclosing any necessary documents will not be accepted. No interim correspondence will be made.

The duly filled application should be submitted in person or by post to:

The Admission Cell,
Era University,
Sarfarazganj, Hardoi Road,
Lucknow-226003