

P. D. Patel Institute of Applied Sciences

CHARUSAT CAMPUS, AT & PO. CHANGA- 388421 Ta.Petlad, Dist.Anand, Gujarat.
Ph.No. 02697 265192 email : info@charusat.ac.in Website: http://www.charusat.ac.in

APPLICATION FORM (2019-2020)

Bachelor of Science(B.Sc.)

FOR OFFICE USE ONLY

Form No.

Student ID

Password

Biological Science Specialisation

Physical Science

☐ Biotechnology

☐ B.Sc.Physics

☐ Microbiology

☐ Biochemistry

1. Full Name of Candidate: (As per Std. 12th Marksheet in BLOCK LETTERS)

Affix Your Recent

Passport Size

Photo Here

2. Gender : ☐ Male ☐ Female

3. Nationality:

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4. Year of Passing 12th Std.

5. Date of Birth:

(As per School Leaving/ Transfer Certificate)

M	M	Y	Y	Y	Y

D	D	M	M	Y	Y	Y	Y

6. Native Place. _____

7. Aadhar No. _____

8. Category: ☐ SC ☐ ST ☐ SEBC ☐ OBC ☐ OPEN

9. 27 Samaj: ☐ Village.....

10. Blood Group :

11. Other Details:

Email ID:..... Mob.No (S).....

Fathers Name:..... Mob.No (F).....

Mothers Name:..... Mob.No (M).....

12. Qualifications:

Std.	Name of School	Board	Stream	Total Marks Obtained	Out of	Percentage/ Percentile
S.S.C.						
H.S.C.						

(P.T.O.)

ACKNOWLEDGEMENT

Form No.

Name:

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Received By:

Received form fees Rs. 100/- by CASH / CHEQUE

Date: / /

Authorised Signature

13. List of Document to be attached

(Please Provide attested photocopy)

- ☐ Std. 10th Marksheet
☐ Std. 12th Marksheet
☐ School Leaving / Transfer Certificate
☐ Aadhar Card

14. Medium of Instruction:**Up to Std. 10th**☐ English ☐ Gujarati ☐ Other _____**In Std. 12th**☐ English ☐ Gujarati ☐ Other _____**15 Correspondence Address**

Name:									
Address:									
City:				State:			Nation:		
Pin Code:							Mob. No.		

14. Permanent Address

Name:									
Address:									
City:				State:			Nation:		
Pin Code:							Phone No.:		

Declaration

We.....(the Candidate) and
.....(the Guardian)

hereby solemnly undertaker that

- ▶ The Information given above is true. If found false, we understand that the admission granted will be cancelled and fees forfeited.
- ▶ We have read information guidelines carefully and agree to follow them.
- ▶ We shall pay the fees as decided by the Management of University.
- ▶ We will abide by the rules and regulations framed the University.

Date**Place****Signature of Candidate****Signature of Guardian****CHARUSAT**
CHAROTAR UNIVERSITY OF SCIENCE AND TECHNOLOGY**P. D. Patel Institute of Applied Sciences**

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