



**Savitribai Ramabai
Institute of Data Science**

Photo
of the
Student

ADMISSION FORM 2025-26

Registration Number:

Student's Name:

Mother's Name:

Father's Name:

Your Address:

..... Pincode

Date of Birth: Day Month Year

Gender: Male ☐ Female ☐ Others ☐

Education Level: Less than 12th pass ☐ In College ☐

Caste category: SC ☐ ST ☐ OBC ☐ Others ☐

Annual Family Income: Less than 1 lakh ☐ 1 – 2 lakh ☐ 2 – 5 lakh ☐ Above 5 lakh ☐

Mobile number:

Aadhaar number:

Email ID:

Do you take medicine for any major disease? Yes ☐ No ☐

Date of Joining SARA Institute: Day Month Year

Date of leaving SARA Institute: Day Month Year

AUTHORIZATION

Your signature below

- a. confirms all your information in this form is true and honestly shared and that you are the person submitting this application.
- b. promise to follow the peaceful and respectful code of conduct which make other SARA Institute members comfortable in your presence.

Signature of the Student

Signature of SARA Office