



Bharati Vidyapeeth

(Deemed to be University)

School for Skill Development and Allied Health Sciences



Application Form 20__ – 20__ for UG / PG / PG Diploma / Certificate Programs

Please fill up the form in CAPITAL LETTERS only and Tick wherever necessary

Name: _____

Father's name: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____

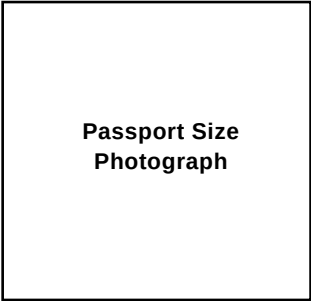
Nationality: _____ Domicile: _____

Blood group: ____ Religion: _____ Caste & Category: _____

Status: Employed / Fresher If employed, name of the Organization: _____

Permanent Address: _____ Correspondence Address: _____

Phone No.: _____ Email Id.: _____



Academic Qualifications:

Qualification	Institute / University	Year of Passing	Marks Obtained	Percentage	Attempt
X					
XII					
Graduation					
Others: _____					

Academic Program applied for: _____

Attached Certificates Checklist:

- Class X
 Class XII
 Marksheets
 Internship
 Registration
 Degree Certificate
 Transfer Certificate
 Migration Certificate
 Medical Fitness
 Nationality/Equivalent
 Others

DECLARATION

I have read and understood the rules and regulations of School for Skill Development and Allied Health Sciences given in the prospectus and I do hereby agree to abide by the same.

Place:

Date:

Signature of the Applicant: