

# BANASTHALI UNIVERSITY

## ADMISSION-APPLICATION FORM

STUDY INDIA PROGRAM/FEEL INDIA PROGRAM

Paste your  
Passport Size  
Photograph here

1. Name in full (in block letters)

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2. Father's Name

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3. Mother's Name

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4. Guardian's Name

Relation with Student \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address \_\_\_\_\_

5. Address for correspondence (in block letters)


Pin Code

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6. Telephone No. with Country Code and City Code

(Off.) 

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Mobile 

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(Res.) 

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7. E-mail Address

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8. Date of Birth 

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DATE

MONTH

YEAR

9. Nationality \_\_\_\_\_ Religion \_\_\_\_\_ Mother tongue \_\_\_\_\_

10. If married then name of Spouse \_\_\_\_\_

11. Details of the last examination passed\*

Course \_\_\_\_\_ Year \_\_\_\_\_

Name & Place of College/University \_\_\_\_\_

Max. Marks \_\_\_\_\_ Marks obtained \_\_\_\_\_ Percentage \_\_\_\_\_

\* Attested Copy must be attached.

12. (a) Program applied ☐ FIP ☐ SIP ☐ Regular Course  
 (b) Course applied for \_\_\_\_\_  
 (c) Learning agreement (for FIP & SIP) (1) \_\_\_\_\_ (4) \_\_\_\_\_  
 (2) \_\_\_\_\_ (5) \_\_\_\_\_  
 (3) \_\_\_\_\_ (6) \_\_\_\_\_
13. Languages known ☐ Hindi ☐ English ☐ Other \_\_\_\_\_

14. Please enclose Cheque/Bank Draft as required.

Number	Date	Amount	Issuing Bank

Payable at : Jaipur/Banasthali

**FOR OFFICE USE ONLY**

Detached by : \_\_\_\_\_  
 Date \_\_\_\_\_ Signature \_\_\_\_\_

15. Bank details for their transfer \_\_\_\_\_
16. Recommendations \_\_\_\_\_  
 (A) \_\_\_\_\_  
 \_\_\_\_\_  
 (B) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Any other Information in support of the Application \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Medclaim Health Insurance: It is mandatory for all (exchange students) to have the health insurance. Those who do not have medical insurance valid in India, can obtain so by paying a premium of approximately € 100 through the arrangements, Banasthali University has with some leading insurance companies.

**DECLARATION BY THE APPLICANT**

I declare that entries made in this form and the documents submitted in support of the information furnished by me in the application form are true in all respects and in case any entry or information or documents are found to be false, this shall entail automatic cancellation of my admission besides rendering me liable to such action as the Vidyapith may deem proper.

I note that my admission to the Vidyapith and my continuance on its rolls are subject to the provision of the Vidyapith Rules, Regulations and bye-laws and instructions which may be issued from time to time.

I shall abide by the rules for discipline and proper conduct which may be framed in this regard.

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Signature of Father/Guardian

Signature of the Applicant