



GENOME INSTITUTE OF BIOTECHNOLOGY

LEARN TO EARN

Sr. No.

One recent self-attested Passport size Photograph to be pasted here

ADMISSION FORM

1. Candidate's Full Name (in block letters - as per 10th Mark sheet) *

2. Mother's Full Name (in block letters) *

3. Father's Full Name/Guardian's Full Name (in block letters) *

4. Date of birth (as per Class X Certificate): *

5. Nationality: *

6. Religion :

7. Category [Tick] * UR SC ST OBC EWS

8. Aadhaar No. *

9. Full Present Address (in block letters)*

Village/Town/City District

Pin State

10. Full Permanent Address (in block letters)*

Village/Town/City District

Pin State

11. Mobile No. Guardian * 12. E-Mail ID

11. Mobile No. Student *

13. Particulars of examination passed*

Examination passed	Board/Council/ University/ Other	Year of Passing	Division/ CGPA	% of marks in aggregate**	Subject
12 TH					
10 TH					
Others					
Any other Exam					

DECLARATION BY THE APPLICANT

I hereby declare that entries made in this form are true in all respects and in case of any entry or information is found false, this shall entail automatic cancellation from admission besides rendering me liable to such an action as the University may deem proper.

I declare that I shall submit myself to the disciplinary jurisdiction of the University and the Principal of the College. I further note that my admission to the College/University and my continuance on its rolls are subject to the provision of the University Statutes, Ordinances and Other Rules and Instructions which may issued from time to time. I shall abide by the rules of discipline and proper conduct which may be framed in this regard.

Place.

Date.

Full Signature of the Candidate

DECLARATION BY THE PARENT/GUARDIAN

I have gone through the statement and information given in the Application form by my ward and whose photograph appears on this form are correct.

I do hereby declare that I shall hold responsibility for the regular attendance, conduct and behavior of my ward during the tenure of his/her study in the College/University.

Place.

Date.

Full Signature of the Parent/Guardian