

SAI TIRUPATI UNIVERSITY

(Established by the Rajasthan State Legislative Assembly as per Sec. 2(f) of UGC Act 1956.)

Ambua Road, Village Umarda, Girwa, Udaipur-313015 (Raj.)

ADMISSION FORM

Form No.			
Last date for submission of Admission	Form		PASSPORT SIZE RECENT COLOUR PHOTOGRAPH SELF ATTESTED
Received on			
Signature of Receiver			
Course Applied for	Cours	se Code	Session
Please write in block CAPITAL LETTER	and tick (✓) in desire	ed column	
1. Title Mr. Mrs. Miss.	Dr.		
2. Candidate Name			
3. Date of Birth D D M M Y Y		4. Gender Male Fen	nale
5. Nationality		6. Marital Status Married	Unmarried
7. Father's Name			
8. Father's Occupation			
9. Father's Email Id			
10. Father's Mobile No.			
11. Mother's Name			
12. Mother's Occupation			
13. Mother's Email Id			
14. Mother's Mobile No.			
15. Category GEN OBC SC	ST	16. Additional Category	
17. Minority Yes No		18. Handicapped Applica	ble NA
19. Conveyance Facility Required Yes	No No	20. Hostel Facility Required	Yes No
21. CORRESPONDENCE ADDRESS:			
Address			
District	State		
Country Pin]N	lobile No.	
Email Id			

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S.No.	Exam Passed	Board/College/	University	Subject	Year of Passing	% / CGPA	Division	Remark
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2	12 th							
3	Graduation							
4	Post Graduation							
5	Others							
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2								
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26. DOCUMENT ATTACHMENT: (tick the following)

S.No.	Document	Original Copies	Attested Copies	Undertaking
1	X (Marksheet/Certificate)			
2	XII (Marksheet/Certificate)			
3	Graduation (Marksheet/Certificate)			
4	Post Graduation(Marksheet/certificate)			
5	Certificate of Category			
6	Transfer Certificate			
7	Migration Certificate			
8	Domicile Certificate			
9	College allotment letter (if applicable)			
10	Qualifying Exam Certificate			
11	Aadhaar Card			
12	Others			

I solemnly declare that the above information is true in, in case any information is found Incorrect my candidature may be cancelled.

Date:	
Place:	Signature of the Candidate



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(FOR OFFICE USE)

Center:			
Fees Received (Rs.)	(In words)		
By (Cash/Cheque/bank transfer)	Of Bank		Dated
Accounts officer Name		Signature :	
Office Administrator Name		Signature :	
Form Checked & Verified by		Signature :	
Date:			
Place:			Authorized Signatory

Course Name	Course Code	Course Name	Course Code
Ph.D.		Medical	
Ph.D (Anatomy)	1001	M.B.B.S.	2100
Ph.D (Bio-Chemistry)	1002	MD (Anaesthesiology)	6001
Ph.D (Microbiology)	1003	MD (General Medicine)	6002
Ph.D (Pharmacology)	1004	MD (Radio Diagnosis/Radiology)	6003
Ph.D (Physiology)	1005	MD (Pathology)	6004
Ph.D (Nursing)	1006	MD (Paediatrics)	6005
		MD (Dermatology, Venereology & Leprosy)	6006
M.Sc. (Medical)		MD (Psychiatry)	6007
M.Sc. (Anatomy)	3001	MD (Pulmonary Medicine)	6008
M.Sc. (Bio-Chemistry)	3002	MS (General Surgery)	6009
M.Sc. (Physiology)	3003	MS (Orthopaedics)	6010
M.Sc. (Pharmacology)	3004	MS (ENT)	6011
M.Sc. (Microbiology)	3005	MS (Ophthalmology)	6012
Nursing		MS (Obstetrics & Gynecology)	6013
GNM	4000	Physiotherapy	
B.Sc.	4001	BPT	7001
M.Sc. (Child Health)	4002	MPT (Orthopedics)	7002
M.Sc. (Mental Health)	4003	MPT (Neurology)	7003
M.Sc. (Community Health)	4004	MPT (Sports)	7004
M.Sc. (Midwifery and Obstetrical)	4005	MPT (Cardiothoracic)	7005
M.Sc. (Medical Surgical)	4006	MPT (Muscular Skeleton)	7006
Pharmacy			
D.Pharm.	5001		
B.Pharm.	5002		