

22. PERMANENT ADDRESS: (Write full address if not same as correspondence address)

Address

District State

Country Pin Mobile No.

Email Id

23. ACADEMIC INFORMATION:

| S.No. | Exam Passed | Board/College/ University | Subject | Year of Passing | % / CGPA | Division | Remark |
|-------|------------------|---------------------------|---------|-----------------|----------|----------|--------|
| 1 | 10 th | | | | | | |
| 2 | 12 th | | | | | | |
| 3 | Graduation | | | | | | |
| 4 | Post Graduation | | | | | | |
| 5 | Others | | | | | | |

Remarks (if any)

24. Detail of Entrance Examination:

| S.No. | Entrance Exam Qualified | Discipline | Roll No | Year | Percentile/Other Score | Rank AIR/State |
|-------|-------------------------|------------|---------|------|------------------------|----------------|
| 1 | | | | | | |
| 2 | | | | | | |

25. EMPLOYMENT INFORMATION: (IF EMPLOYED)

| S.No. | Organization | Designation | Job Profile | Duration/ Tenure | |
|-------|--------------|-------------|-------------|------------------|----|
| | | | | From | To |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

ADDITIONAL INFORMATION:

Specialized training (if any)

Scholarship/fellowship awarded for research (if any).....

List of publication (if any: certified by Dean Faculty)

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



SAI TIRUPATI UNIVERSITY

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

(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 | | |