



All entries must be filled by the candidate himself / herself in capital letters. Put ✓ for Yes and X for No and "NA" where Not applicable in the box. The Application Form consists of two pages

Paste box - sized photograph of candidate, duly attested by Head of the Institution. Do not use pin or stapler.

Please enclose **four identical photographs** along with **the Application Form**

ENROLMENT No. (Leave Blank)

CIIP CODE

COURSE APPLIED FOR

SPECIALIZATION

ACADEMIC SESSION/BATCH:
JAN / JULY 20

YEAR/SEMESTER
1,2,3,4,5,6,7,8

APPEARING IN
EXAMINATION: JUNE

DECEMBER

Signature of candidate (in full)

(As entered in Secondary / Senior Secondary Certificate)

NAME OF CANDIDATE

FATHER'S NAME

MOTHER'S NAME

GENDER Male Female

DATE OF BIRTH DD / MM / YY

PERMANENT ADDRESS

MAILING ADDRESS

PIN CODE

PIN CODE

CITY _____ STATE _____ STD CODE _____

CITY _____ STATE _____ STD CODE _____

PH. No. _____ MOB. No. _____

PH. No. _____ MOB. No. _____

E-MAIL _____

E-MAIL _____

Any change in address should be immediately communicated to the University

NATIONALITY INDIAN OTHERS (specify the name of the country)

CATEGORY GENERAL SC ST OBC PH EX-SERVICEMAN EMPLOYED UNEMPLOYED OTHERS

HAVE YOU EVER BEEN DEBARRED BY ANY UNIVERSITY / BOARD? NO YES If Yes, give details _____

SUBJECTS / PAPERS IN WHICH THE CANDIDATE IS APPEARING (Mention name of Paper with Subject Code)

SUBJECT CODE

NAME OF SUBJECT / PAPER

- | | | |
|----|----------------------|-------|
| 1. | <input type="text"/> | _____ |
| 2. | <input type="text"/> | _____ |
| 3. | <input type="text"/> | _____ |
| 4. | <input type="text"/> | _____ |
| 5. | <input type="text"/> | _____ |
| 6. | <input type="text"/> | _____ |
| 7. | <input type="text"/> | _____ |
| 8. | <input type="text"/> | _____ |
| 9. | <input type="text"/> | _____ |

DETAILS OF PREVIOUS EXAMINATIONS PASSED FROM OTHER UNIVERSITY / BOARD

(Enclose Duly Attested / Notarized, Self Attested Photocopies of the Previous Mark Cards / Documents / Certificates)

S. No.	NAME OF EXAM.	ROLL No.	YEAR/SEMESTER	MARKS OBTAINED	NAME OF UNIVERSITY	PASS / FAIL

PAYMENT OF FEE

S. No.	PARTICULARS OF FEE	AMOUNT (in Rs.)	PAYMENT DETAIL
1.	Course Fee		A/c Payee Draft No. _____ Dated _____ Rs (in figures) _____ in words Rs. _____
2.	Enrolment Fee		
3.	Examination Fee		
4.	Prospectus Fee		
5.	Lateral Entry / Credit Transfer Fee		
	(TOTAL AMOUNT IN RS.)		

INSTRUCTIONS

- 1) Admission Form found incomplete in any respect or sent without requisite fee will be summarily rejected after deducting Rs. 300/- as a Processing Fee. 2) Applications received after the specified date will not be entertained. 3) Suppression or furnishing of any false information by a candidate will lead to immediate cancellation of his/her admission with no refund of fees. 4) There will be no refund of fee under any circumstances.

DECLARATION BY THE APPLICANT

I have read and understood, the rules and regulations of the University and satisfied myself that I fulfill the eligibility conditions as laid down in the prospectus. I agree to attend my Internship/ Training at the place designated by the University. I have furnished necessary information / document (s) correctly I shall submit any other document (s) that may be required in the future. I understand that my candidature is liable to be cancelled by the EILM University of Sikkim if the information / document (s) submitted herewith is found incorrect or misleading. Further, the University has full authority to take appropriate action which shall be acceptable to me. In future also, if any information submitted by me is found incorrect, the University has the authority to cancel the Degree / Diploma at any time.

Dated _____ / _____ / _____ (DD/MM/YY)

Certified that the documents produced and verified by the student, as given above, have been re-verified and stamped by the undersigned and are correct, I am responsible for any discrepancies in the details given above.

CERTIFIED THAT THE CANDIDATE HAS SIGNED THE FORM IN MY PRESENCE.

NAME & SIGNATURE OF ADMINISTRATION/ ACADEMIC HEAD _____

Dated _____ / _____ / _____ (DD/MM/YY)

FOR OFFICIAL USE ONLY

Eligibility checked and found eligible _____

In case of not eligible (give reasons) _____

Dealing asstt. _____

AR/DR