

APPLICATION FORM

for the

Session 20 / 20

Serial No	
Tick the Institution:	
Geetanjali Medical College & Hospital	
Geetanjali Dental & Research Institute	Affix
Geetanjali College of Physiotherapy	Latest Colored photograph duly signed by the candidate

Geetanjali School & College of Nursing

Geetanjali Institute of Pharmacy

Course Name:

Please write in BLC	OCK CAPITA	L LETTER and tick (•	✓) in desired column					
Title: Mr.	Mrs.	Miss						
Candidate Name:								
Father's Name:								
Father's Occupatio	n:							
Business	Service	Agriculture	Others					
Mother's Name:								
Mother's Occupation	on:							
Business	Service	Housewife	Others					
Date of Birth :			Gender: Male Female					
Nationality:	D D N	M M Y Y Y	Y					
Region: Ra	njasthan	Out of Rajasth	han					
Category: Go	eneral	S.C S.T.	O.B.C. PH Others					
Correspondence Address:								
Pin Code No.			Landline No.					
Mob. No.								
IVIOU. INU.			Mob. No. (Alternative)					

Details of Last Q	ualifying E	Exam (i.e.10/10+2/Diplom	a/Graduation/I	Details of Last Qualifying Exam (i.e.10/10+2/Diploma/Graduation/Post Graduation)										
Name of Examination Board/University														
Year of Passing _	PassingName of Institution													
Educational Qualification:														
Name of Examination	Year of Passing						%/OGPA/ GPCA							
Signature of the Candidate GENERAL DISCIPLINES / INSTRUCTIONS TO THE CANDIDATE														
		orm for all Courses (except DN ON-20 / 20	// / MBBS /MD / N	IS / MDS / BDS / PA	RAMEDICAL	DIPLOMA) run	ning under							
If any qualifying examination appeared then please furnish details of the respective test / examination while filling this form:														
 This form must be filled in by the candidate in his/her own hand writing. This application form completed in all respects must be submitted to the Admission section of the Geetanjali University on or before the last date 														
	ed by the UNIV lumn (which is	ERSITY. applicable) should be left unfille	ed. If any information	n sought is not applica	ble to the candid	late, the word "N.	A." shall be							
entered against that column. If a candidate omits/conceals relevant information or gives false information, his/ her admission is liable to be cancelled.														
	4. All documents like self attested copies of University/Board Certificates/Mark sheets/Provisional, photographs, certificates claiming special status etc. must be attached with this application. In case the required documents are not attached, the application is liable to be rejected as incomplete.													
5. All copies of University/Board Certificates/Mark sheets/Provisional, photographs and character certificate etc., must also be attested by a Class I Gazetted Officer or by an Officer of the University not below the rank of Assistant Registrar/Lecturer.														
	The state of the s													
time to	time.													
Note: You must ensure that you have attached all the required supporting documents with your Application Form before submission of the same to the Admission Office.														
		SHOULD UNDERSTAND THA				//COLLEGE/DEP	ARTMENT							
		SIONALAND SUBJECT TO CO DMISSION, THE STUDENTS SE												
Signature of the Candidate Parents/Guardian Signature Date & Place														
FOR OFFICE USE ONLY														
Application Form	Application Form Received on/													
				Signature										