

(To be filled by the candidate in capital letters)

Name in full:

Date of birth: Day Month Year

Gender (please tick): Male Female Transgender Nationality : INDIA NEPAL NRI

Religion: Hindu Muslim Sikh Christian Jain Budhh

Category : General SC ST OBC Physically Handicapped Freedom Fighter

Marital Status (please tick): Married Unmarried

Father's Name:

Father's Occupation:

Mother's Name : (if any)

Mother's Occupation:

Total Parental Income (Annual)

Address for Correspondence:

City Distt.

State PIN

E-mail address:

Parent's Phone No. with STD code:

Mobile No.

Aadhar No.

UTTARAKHAND QUOTA

30% Seats are reserved for candidates of Uttarakhand. In case of non availability of candidates, the seats will be converted into All-India seats. Also in case of non availability of candidates in specified quota (Uttarakhand) the seats will automatically be converted into general category. To apply for a course under any of the above mentioned categories, please submit Uttarakhand domicile certificate, along with the relevant category certificate, from a competent authority.

EDUCATIONAL QUALIFICATION:

Class	Examination Passed/ Appearing	Board/ University	Year	Division	Percentage
High School (10th)					
Intermediate (12th)					
Graduation					
Others					

Only for B.Tech-Bio-Tech Degree Applicants :

Class XII Percentage
(please calculate percentage
including PCB marks only)

Please tick the Entrance Test appeared in:

JEE Main (for B.Tech applicants) Roll No. Rank Score

GATE (for M.Tech applicants) Roll No. Rank Score

ATTENTION APPLICANTS

- Admission to the B.Tech Programs shall be given on the basis of merit of qualifying exam (XII standard). Preference shall be given to JEE Main 2018 Rank holders.
- Admission to the M.Tech program shall be given on the basis of percentage of qualifying examination (under graduation)/ GATE Score and Personal Interview.

DECLARATION

I hereby declare that the information filled by me is true to the best of my knowledge and if found incorrect my registration will be considered cancelled without any intimation.

Signature of Parent/Guardian _____

Signature of Candidate _____

Date _____

For office use only

Date of Admission _____

Fee Receipt No. _____

Admission No. _____

Signature of Admission In-charge _____

If you are awaiting your Entrance Test result at the time of filling up this form, ensure that you fill your Roll Number correctly. When the result is announced, submit a self attested copy of the rank card, by registered post, within one week of announcement of the result. Failing this, your application for admission GEU will NOT be considered.

The candidate has to furnish the Score Card at the time of Counseling, failing which his/her candidature will not be accepted.

MEDICAL CERTIFICATE

Name of the Candidate : _____

Father's Name : _____

Mother's Name : _____

Address : _____

Age : _____ Blood Group : _____

Seeking admission in (Program): _____

Previous Medical History : _____

Whether suffering from Migraine Yes No

Whether suffering from Asthma Yes No

Whether taken Hepatitis B Vaccination Yes No

Is the candidate physically handicapped Yes No

Whether undergoing any medical treatment Yes No

If yes, specify: _____

The candidate is medically fit to pursue the above-mentioned Program.

Signature of a Registered Medical Practitioner _____

Name _____

Registration Number _____

Stamp _____

Date _____

PARENT'S DECLARATION

I _____ Father / Guardian of _____ certify that my ward is physically and medically fit to pursue _____ study program at Graphic Era University. I also declare that while studying in Graphic Era University, if at any time he / she needs any medical attention. I authorize the concerned authority of the University to do what is needed, within their reach and which they consider best at that time, I (name) _____ will agree with the decision.

Signature of Parent / Guardian _____

Signature of Parent / Guardian _____

Date _____