



# REGISTRATION FORM

**BADDI UNIVERSITY**  
of Emerging Sciences & Technology

Form No. \_\_\_\_\_

Date \_\_\_\_\_

### SCHOOL OF ENGINEERING & EMERGING TECHNOLOGIES (SEET)

B Tech : CE  CSE  ECE  EE  ME   
 B. Tech (Leet) : CE  CSE  ECE  EE  ME   
 CA : BCA  MCA   
 M Tech : CE  CSE  ECE  EE  ME  Other  \_\_\_\_\_  
 Ph D : \_\_\_\_\_

### SCHOOL OF PHARMACY AND EMERGING SCIENCES (SPES)

D Pharm  B Pharm  B Pharm (LEET)   
 M Pharm : P'Ceutics  P'Chemistry  P'Cology  P'Analysis  Industrial Pharmacy   
 Ph D \_\_\_\_\_ Other  \_\_\_\_\_

### SCHOOL OF MANAGEMENT STUDIES (SMS)

BBA  B Com  MBA  M.Com  Ph D  Other  \_\_\_\_\_

### SCHOOL OF SCIENCES (SOS)

B Sc : Medical  Non Medical  Chemistry (Hons)  Mathematics   
 M Sc : Physics  Chemistry  Microbiology  Other  \_\_\_\_\_

### SCHOOL OF AGRICULTURAL SCIENCES (SOAS)

B Sc Agriculture  Other  \_\_\_\_\_

### SCHOOL OF MEDICAL SCIENCES

Bachelor of Physiotherapy  OTT  MRIT  BMLT  Other  \_\_\_\_\_

### BUEST COLLEGE OF NURSING

B Sc Nursing  Other  \_\_\_\_\_



## PERSONAL INFO

Student Name \_\_\_\_\_ Student Mobile No. \_\_\_\_\_  
 Father Name \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Mother Name \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 Student Aadhar No. \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Category: GEN / SC /ST / OBC / PH / Others\_\_\_\_ Domicile \_\_\_\_\_ Nationality \_\_\_\_\_  
 Email \_\_\_\_\_

**Present Address :** \_\_\_\_\_ City \_\_\_\_\_

Tehsil \_\_\_\_\_ Distt \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

**Permanent Address :** \_\_\_\_\_ City \_\_\_\_\_

Tehsil \_\_\_\_\_ Distt \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

## QUALIFICATION DETAILS

Examination Passed	Year	University Board	School/ College	Subject	Marks Obtained/ Max. Marks or CGPA	Marks Percentage/ Division
Matric						
10+2						
Graduation (Specify)						
Any Other						

## OTHER DETAILS

Total Family Annual Income (From all sources) \_\_\_\_\_

Category under which admission is sought :

Admission Test in which appeared (Please Tick):

AIMAT / CAT / JEE Mains / HP CMAT / GATE / UGC/SLET/CSIR (JRF) / BUEST Ent. \_\_\_\_\_ Test MAT \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Roll No.: \_\_\_\_\_ Marks \_\_\_\_\_

Obtained \_\_\_\_\_ Max. Marks \_\_\_\_\_

## SIBLING DETAILS (IF APPLICABLE)

Sibling Student Name \_\_\_\_\_ Year of Admission \_\_\_\_\_

School SEET / SMS / SOS / SPES / SOAS / BNC / BPT Course \_\_\_\_\_ Year of Passing \_\_\_\_\_

## UNDERTAKING

I declare that the entries made by me in the above form are correct to the best of my knowledge. I undertake that I shall not indulge in any form of ragging during my stay in the University. If found guilty, I shall be liable for punishment under Prohibition of Ragging Act 2009 promulgated by the Govt. of Himachal Pradesh of related Laws/U.G.C. Regulations. I have not been involved in ragging in the past. I am conscious that if any of the entries are found to be incorrect, my admission is liable to be cancelled. I shall abide by the rules & regulations of the University in vogue and as amended from time to time.

Date \_\_\_\_\_ Place \_\_\_\_\_

**Signature of the Candidate**

**Signature of Parent/Guardian**

### Important Note:

- The application form has to be completed in every respect. A photocopy of Admit Card & Score Card of Admission test and attested copies of certificates/testimonials should be submitted in the office of Chairman Admission Committee.
- Gap years in the studies, if any must be indicated and an affidavit to that effect must be submitted duly attested by a magistrate/Notary

**Scholarship Type (if applicable):**

**(OFFICE USE ONLY)**

★ Academic \_\_\_\_\_

★ Sibling \_\_\_\_\_

★ Defence \_\_\_\_\_

★ University Employees \_\_\_\_\_

★ Single Girl Child \_\_\_\_\_

★ SC \_\_\_\_\_

★ BPL \_\_\_\_\_

★ Orphan Child \_\_\_\_\_

★ ST \_\_\_\_\_

★ Freedom Fighter \_\_\_\_\_

★ Disabled Persons \_\_\_\_\_

★ Others \_\_\_\_\_

**Special Remarks (if any):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Fee deposit details :

DATE : \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ AMOUNT DEPOSITED: \_\_\_\_\_ RECEIPT ISSUED BY: \_\_\_\_\_

DATE : \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ AMOUNT DEPOSITED: \_\_\_\_\_ RECEIPT ISSUED BY: \_\_\_\_\_

DATE : \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ AMOUNT DEPOSITED: \_\_\_\_\_ RECEIPT ISSUED BY: \_\_\_\_\_

**Counsellor Sign.**

**Competent Authority**