



Symbiosis University of Applied Sciences

(Established by Govt. of M.P. vide Act No. 23 of 2016 & Recognized by UGC u/s 2(f) of 1956 Act)

Bada Bangadda, Near Super Corridor, District; Indore - 453112

ADMISSION FORM

Course Applied For (Please Tick Appropriate option)

Date:/...../20.....

BBA	BFSI		B.Tech	CSIT	
	Retail Management & E-commerce			Automobile	
				Mechatronics	

Paste your recent passport photo

Candidate ID.....SUAS Entrance Roll Number: (optional).....

Please fill form in BLOCK Letter

Personal Information {Name of the applicant should be as mentioned in 10th & 12th standard certificates}

First Name Middle Name (If applicable)

Last Name Date of Birth (DD/MM/YY)/...../.....

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Gender (Male/Female/Transgender)..... Blood Group.....Rh.....

Category {UR/OBC/SC/ST}.....Minority (Yes/No).....Religion.....

Aadhar No. (UID)..... Mobile No:

Alternate No. Email ID:

Permanent Address

City:Pin/Zip Code.....Country



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EDUCATION DETAILS

Examination	Name of Institute	Board/university	Year of Passing	Division / Grade	Marks obtained	Total Marks	%
SSC / 10th or Equivalent							
HSC / 12th or Equivalent							
UG							
PG/Other							

Entrance Exam Details

Name of the Exam	Application/ Roll No.	Year of appearing	Marks Obtained or percentile	Total Marks/Percentile	Rank

Sports and Extra Curricular Activity Details. (Name of activity) (1).....

(2)..... Award Won (if any).....

PARENT INFORMATION

Father's Name..... Occupation.....

Mobile No. Email ID.....

Mother's Name..... Occupation.....

Mobile No. Email ID.....

Local guardian's Name Relationship

Address.....

..... Pin Code.....

Mobile No. Alternate No.....

Email Id.

Id Proof Type..... ID No.....



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DECLARATION

I _____ hereby agree to abide by all the rules and policies of SUAS & understand that -

1. I am applying for AY 20..... – 20..... and I have read the SUAS Prospectus 20....., fee policies, eligibility criteria, cancellation & refund polices, student code of conduct and all other information carefully.
2. I understand that the information/ policies and details given herein, on the SUAS website, in the prospectus and any communication of SUAS is subjected to change from time to time.
3. The information provided by me in this application form is true and correct to the best of my knowledge and I am fully aware that in case any information provided is found to be false or erroneous, it will result in cancellation of my admission.
4. Application/Admission form without signature & having any other deficiencies will be rejected & Application/admission fee will not be refund.
5. I am ready to provide and submit original copies of the required documents requested by University for scrutiny verification by SUAS authorities.
6. I have to immediately inform SUAS if there is and change in communication details, mentioned by me in the form above.
7. I absolve Symbiosis University of Applied Sciences (SUAS) from any responsibility arising out of false information/ mistakes / delay in adhering to prescribed time line on my part.

Date:

Place:

Signature:

FOR OFFICE USE

After Fee Submission

Seat Allocation /Provisional Admission/Confirmation letter issued

Name of issuing officer

Sign and Date



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DOCUMENTS REQUIRED AT THE TIME OF ADMISSION

(Students are required to bring **two** sets of all the listed documents as given below)

Checklist

- 1 10th Mark sheet and certificates
- 2 12th Mark sheet and certificates Equivalent Certificate (If Applicable)
- 3 Transfer certificate (Original)
- 4 Migration certificate (Original)
- 5 Character certificate (Original)
- 6 MP domicile Certificate (If applicable)
- 7 Aadhar Card (Mandatory)
- 8 SAET Entrance Exam mark sheet / Score card
- 9 Other competitive Exam(s) Score card (If applicable)
- 10 Category Certificate (if applicable)
- 11 **Seven** Passport Size Photographs
- 12 Declaration for Shortcoming (Separate form)
- 13 AIU Equivalent Certificate if applicable

Student Signature

Date

Verifying Officer Name

Signature

Date

FOR ACCOUNTS DEPARTMENTS (Application fee details)

ACADEMIC FEE

Demand draft No/Transfer Ref no..... Amount in ₹ Date.....

Issuing Bank Name and Address.....

HOSTEL FEE

Demand draft No/Transfer Ref no..... Amount in ₹ Date.....

Issuing Bank Name and Address.....

Remittance details if applicable.....Receipt No.....DD No.....

Verified By Accounts Department

Seal & Signature

Date



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DECLARATION FORM – (for shortcoming of documents)

Application Form No..... Course Applied For.....

Name of Candidate.....

I will show the original copy/Submit the required documents of the following documents which I have not shown/submit at the time of admission on or before by (DD/MM/YY).....

I understand that in case I fail to show original of the documents in the stipulated time, my admission may be cancelled.

- Entrance score card in original.
- SSC / 10th Std. or equivalent Mark list
- HSC / 12th Std. of equivalent Mark list
- Graduation or equivalent Mark list
- AIU equivalence certificate
- Transfer Certificate/Leaving Certificate (original)
- Migration Certificate (original)
- Character Certificate (original) ॥ वसुधैव कुटुम्बकम् ॥
- Passport and Visa Copy
- Income Certificate, if applicable
- Gap Certificate, if applicable
- Certificate of change of name (Affidavit/Notary or any Government Document)
- NRI certificate copy issued by authority is applicable.
- Aadhar card.

Remark: (If any).....

Signature of the Candidate.....**Date**.....

Comment from verifying officer

Name and Signature of Verifying Officer.....**Date**.....



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HOSTEL APPLICATION FORM

Room No. Allotted:-

Mess No. Allotted:-

Hostel and Mess fee details:-

Bank: Draft No.:-Date:

Bank Details:-

SUAS Account Receipt Number.....

**Passport size
photograph**

Signature of Accountant

Signature of Care Taker Warden In charge /Warden

(To be filled by the Applicant in BLOCK letters)

Room Requirement: 3 Seater Non AC 2 Seater Non AC 2 Seater AC

1. Name of the Candidate

2. Registration no.....

3. Program and Branch

4. Date and Place of Birth

5. Belonging State and Domicile State

6. Year of Joining the Institute

7. Country and Nationality

8. Name and Address of Parent/Guardian

.....

.....

9. Permanent Address for Correspondence

.....

.....

10. Name, Address and Telephone No. of Local Guardian

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11. Name and Address of any Senior Student of the Institute known to you

12. Father/Guardian contact (O) (R) (M) Telephone with Code and E-mail ID (E-mail)

13. Category..... SC/ST/ OBC/Minority/General

14. Details of any disciplinary action taken in your last stay in Institute: (Yes/No) (If yes):

Year	Semester	Punishment	Fine

It is to certify that all the entries made by me are correct and as per record. I assure you that I will abide by the hostel rules and never indulge in any act of indiscipline. Further I will not involve myself in any kind of ragging of activities. If found involved in ragging, I may be expelled from the hostel and Institute.

Signature of the Student

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I S/o give an undertaking that no damage would be caused to electrical fittings or furniture by me or any of my visitors /guests. In default I would pay the present actual cost of the article and the fine as deemed reasonable by the hostel administration. I understand that room allotment is final and interchange of room without the permission of CHIEF WARDEN is an offence. I default I am liable to be asked for disciplinary action including vacation of hostel for one year/forever and /or a fine as decided by the authority.

Signature of the Student