



श्री माता वैष्णो देवी विश्वविद्यालय
SHRI MATA VAISHNO DEVI UNIVERSITY

Kakryal, Katra-182320, Jammu & Kashmir
Recognized under Section 2(f) & 12(B) of the UGC Act, 1956

Application Form for Spot Round Admission 2024-25

Application Form Number (To be filled by the University)

1. Name in full (in block letters):

2. Date of Birth:

3. Name of Father/Guardian:

4. Mother's Name:

5. Program Applied For:

6. Payment Details: (QR Code)

i. Online Payment Amount (Rs.1500/-) _____

Transaction Details: _____ Date: _____

7. Category : SC / ST / RBA / OBC / ALC / PWD / EWS / GEN

8. Candidate's Basic Details

Gender	Email	Mobile	DOB	Aadhar No.

Martyr's Child (Yes/No)	Specially Able Child (Yes/No)

9. Father's Details

Mobile No	Email	Occupation	Designation

10. Mother's Details

Mobile No	Email	Occupation	Designation

11. Permanent Address

Address	State	District	City/Village	Pin

12. Correspondence Address (If same as above ---Please don't write)

Address	State	District	City/Village	Pin

13. Academic Details

School Certificate/Degree	Name of the School/Board	Subjects	Year of Passing	Marks Obtained /Grade	Percentage of Marks
Matriculation (10 th)					
Higher Secondary/ Intermediate (10+2)/Diploma					
JEE / UCEED /NATA					

14. Have you observed any GAP year (drop year) If Yes, give period and reason:

15. List of Enclosures: (Please attached self-attested copies of documents as proof against claim made/information divulged in the application form)

1. _____ 2. _____ 3. _____ 4. _____

5. _____ 6. _____ 7. _____ 8. _____

9. _____ 10. _____ 11. _____ 12. _____

I here-by declare that all the entries made by me in this application form are true, to the best of my knowledge and belief. No disciplinary/criminal case has ever been held or contemplated or is pending against me. If anything is found false or incorrect at any stage, my candidature may be cancelled by the university without assigning any reason thereof.

Signature of the Candidate

Date: _____

Place: _____