



EXAM.	FEE	RECEIPT	NO.

	ENTRANCE EXA	AM. FORM FOR THE SESSION 20 - 20	
B.Ed. D.El.Ed./I	BSTC B.P.Ed. LLB	BA-LLB B.Sc. Ag. D. Pharma B. Pharma	B.Tech. BNYS
Instruction:		Course Information	
		School	
 Write in Capital Letters only within the box. Do not wrinkle, scribble, tear or wet this sheet. 	Program	Photograph	
	ww.shyamuniversity.in for	Branch	
terms & conditio	ns.	Year	

Personal Details:

Student's Name (In English):	Present / Local Address :
Student's Name (In Hindi):	
Father's Name :	
Mother's Name :	
Student's Mobile No.:	Contact No.: Email ID :
Student's E-mail ID:	Permanent Address:
Gender : M F Transgender	
Date of Birth :	
Category : SC ST OBC SBC GEN. Other	
Minority Status : Yes No No	Contact No.: Email ID :
Aadhar No.	Physically Challenged: Yes No

Academic Record

Examination Passed	Subject	Name of the School / College	Name of the Board / University	Passing Year	Maximum Marks	Marks Obtained	% or CGPA
10th / ITI							
12th/Polytechnic							
Graduation							
Post Graduation							
Other Qualifications							

Parents/Guardian Details

Father's Name :		Mobile No	Email ID	
Qualification	Occupation	Company/Deptt.	Designation	Annual Income
Mother's Name		Mobile No	Email ID	
Qualification	Occupation	Company/Deptt.	Designation	Annual Income

Document Check List

Sr. No.	Document	Original Document*	Photo Copy Document*	Pending Document*
1.	10 th Marksheet			
2.	12 th Marksheet			
3.	ITI Marksheet			
4.	Polytechnic Diploma Marksheet			
5.	Graduation Marksheet			
6.	Post Graduation Marksheet			
7.	Aadhar Card			
8.	Migration Certificate			
9.	Transfer Certificate			
10.	Caste Certificate			
11.	Domicile Certificate			
12.	5 Passport Size Photographs			
13.	Gap Certificate / Affidavit			

^{*} put the initials in respective space

Signature of the Student



Established by The Rajasthan State Legislature Act No. 28 of 2018 & Recognized U/S 2(f) of the UGC Act, 1956

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