



SIDDHARTHA

GROUP OF INSTITUTIONS

Dobacchi, Vill. Danda Khudanewala, Sahastradhara Road, Near I.T. Park, Dehradun-248001 (Uttarakhand)
Ph. : 0135-2607784, 2607647 E-mail : info@siddharthalawcollege.com

ADMISSION FORM

Form No.: Reg. No.: (Not to be filled up by candidate.)

Choice of Programme:

Self Attested
Photograph

Please fill the Application Form carefully and staple it along with the acknowledgement card.

1. Candidate's Name (in capital letters) _____

2. Father's Name: _____

3. Mother's Name: _____

4. Date of Birth : Date Month Year

5. Sex : Male Female

6. Whether covered under Uttarakhand Reservation (Tick One): Yes No

Category : (Tick whichever is applicable) OBC SC ST Defence Person Freedom Fighter
Person with Disability Women Others (Specify)

7. Whether domicile of Uttarakhand (Tick one): Yes No

8. Nationality:

9. E-mail address: _____

10. Address (For Correspondence): _____

Mobile: _____ Phone No. _____

11. Educational Qualifications:

Exam Passed	Board/University	Stream	Year of Passing	%Obtained
10th (High School)				
10+2 (Intermediate)				
Graduation				
Post-Graduation				
Any other course or Diploma				

12. If you are applying one of the following programme, please give your preference of subject of study.

Specifications

LL.M. (1 Year)	
M.Pharma.	
P.G. Diploma in Law	

DECLARATION BY THE APPLICANT

I have read and understood all the rules and regulations of the Institute and undertake to abide by them.

1. All particulars furnished in my application are true to the best of my knowledge and belief.
2. I agree that I shall pay full fees prescribed for the course periodically and as decided by the Institute.
3. I agree to abide by the rules for using any facility provided by the Institute.
4. I undertake that I shall not claim any refund of fee once paid, I whatsoever situation-by way of cancellation of admission because of eligibility, withdrawal, expulsion or detention from appearing in examination, except for the refundable security deposit, if any.
5. I agree that the Security Caution Money deposited by me will be refunded only after completion of the course, and the degree is issued by the University.
6. I agree that the admission is liable to termination in case of any kind of misconduct done by me and the Institute shall not be liable for my misconduct in any manner.

Signature of Candidate _____

Date: _____

DECLARATION BY THE PARENT/GUARDIAN

I hereby declare that I shall be responsible for all the activities of my ward and shall comply with all the responsibilities arising out of his/her non-compliance of rules and regulations of institute. I also undertake that I shall not claim any refund of fees once paid, in whatsoever situation by way of cancellation of admission because of eligibility, withdrawal, expulsion of detention from appearing in examination.

Signature of Parent/Guardian _____

Date: _____

PROVISIONAL ADMISSION

PROVISIONAL ADMISSION GRANTED IN COURSE _____

Subject to eligibility and submission of relevant documents and Affidavit.

Signature of Director _____

Date: _____