

APPLICATION FORM



SARASWATI VISHWAVIDYALAYA

FOR UNIVERSITY USE ONLY			
Application No.		Code	
Decision	Interview		Date:
	Reject		Conditions of Offer:
	Other		
Signed: (Admissions Tutor/Coourse Director)			

This form requests a significant amount of personal information. This is required so that we can decide on your suitability for the course you are applying for. The information you provide will be used for this purpose and monitoring of equal opportunities only. It will be treated in confidence and will only be seen by those whose jobs require them to do so.

Please complete in **BLOCK CAPITALS**

1. Course Details

Course Title: _____

Proposed Start Date: _____ Regular Distance

Proposed Year/Level of Entry: Year 1 Year 2 Year 3 Year 4 Year 5

2. Personal Details

Title: Mr/Ms/Miss/Mrs etc. _____ Gender: Male Female Date of birth: _____

First name(s): _____

Maiden or any other name(s) that you have been known by: _____

Surname/family name: _____

Permanent address: _____

_____ Country: _____ Postcode: _____

Correspondence address (if different): _____

_____ Country: _____ Postcode: _____

Daytime telephone: _____ Evening telephone (if different): _____ Mobile: _____

Email address: _____ Nationality: _____

If not born in India please state date of arrival to India: _____ Area of permanent residence: _____

If you are a member of a Professional Body, please give its name and your Registration Number: _____

Have you ever studied in India before? (If yes, please include a copy of all visas) Yes No

What level was your previous study in the India (please tick all that apply)? Foundation Degree Master's

Have you ever studied at Saraswati Vishwavidyalaya University before? Yes No

3. Academic and Professional Qualifications

Please enter details of the highest level of qualification you currently hold.

Qualifications	Subject/Unit	From month/year	To month/year	Place of Study	Results (grade or band)

Now please list all other qualifications taken, whatever the result/last first. If you are awaiting the result of any examination please indicate the date in the results column. Please continue on a separate sheet if necessary.

Qualifications	Subject/Unit	From month/year	To month/year	Place of Study	Results (grade or band)

If you have Aadhaar Number, please enter it in the box provided.

4. Employment and Work Experience

Please give details of work experience, training and employment

Nature of work/training	Name of organisation	Full-time or part time	From month / year	To month / year

5. Criminal Convictions

The University has a duty to ensure the safety and security of its students and staff. Please tick box if either of the following statements applies to you:

I have a relevant criminal conviction that is not spent:

I am serving a prison sentence for a relevant criminal conviction:

Convictions that are spent (as defined by the Rehabilitation of Offenders Act 1974) are not considered to be relevant and need not be disclosed. The definition of a relevant conviction is one for offences against the person, whether of a violent or sexual nature, or for offences involving unlawfully supplying controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking. Such a disclosure does not automatically exclude you from the application process but the University reserves the right to ask for further information about the conviction.

6. International Students

Did you use an agent to help you find this course? Yes No

Agent's name:

Agent's email:

7. Referee(s)

Name and address of Referee(s):

Name:

Name:

Address:

Address:

Postcode:

Postcode:

Telephone:

Telephone:

Fax:

Fax:

Email:

Email:

8. Supporting Statement

9. Disabilities

Do you have any special needs? (please tick). The information you provide will be treated confidentially and will not affect judgements concerning your academic suitability for a course.

- A No Disability
- B You have a social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder.
- C You are blind or have serious visual impairment uncorrected by glasses.
- D You are deaf or have a serious hearing impairment.
- E You have a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy.
- F You have a mental health condition, such as depression schizophrenia or anxiety disorder.
- G You have a specific learning difficulty such as dyslexia or AD(H)D.
- H You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches.
- I You have disability, impairment or medical condition that is not listed above.
- J You have two or more impairments and/or disabling medical conditions.

10. Declaration

I confirm that the information given on this form is true, complete and accurate and that none of the information requested or other material information has been submitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information, Saraswati Vishwavidyalaya reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the University and I shall have no claim against Saraswati Vishwavidyalaya in relation thereto.

Applicant's Name: Applicant's Signature: Date:

PLEASE INDICATE HOW YOU HEARD ABOUT THE COURSE (please tick relevant boxes):

<input type="checkbox"/> B. A	<input type="checkbox"/> B. Com	<input type="checkbox"/> B. Sc	<input type="checkbox"/> Hotel Management
<input type="checkbox"/> M. A	<input type="checkbox"/> M. Sc	<input type="checkbox"/> M. Com	<input type="checkbox"/> Hospital Management
<input type="checkbox"/> BBA	<input type="checkbox"/> MBA	<input type="checkbox"/> D. Ed	<input type="checkbox"/> B. Ed
<input type="checkbox"/> M. Ed	<input type="checkbox"/> ANM	<input type="checkbox"/> GNM	<input type="checkbox"/> MBBS
<input type="checkbox"/> BDS	<input type="checkbox"/> BAMS	<input type="checkbox"/> D. Pharm	<input type="checkbox"/> B. Pharm
<input type="checkbox"/> M. Pharm	<input type="checkbox"/> Dip. Engg	<input type="checkbox"/> B. Tech	<input type="checkbox"/> M. Tech

Other (please specify):