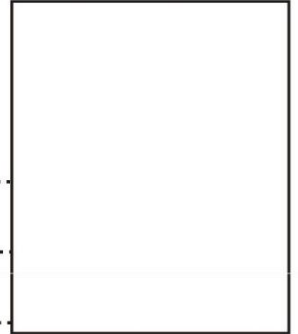


S.R. No. ....

# ***Ch. Charan Singh Institute of Medical & Engineering, Baraut***

## ***Application Form***

Note : This form is to be filled in the applicant's own  
hand writing in block letters.



1. Applicant Name .....
2. Father's Name .....
3. Mother's Name .....
3. Nationality .....
4. Date of Birth .....
5. Sex .....
6. Resident .....
7. Category .....
8. Demand Draft Details (DD to be made favour of CCSIME, BARAUT)
  - a) Number ..... b) Date .....
  - c) Total Amount (in Rs.) .....
9. Complete Address for Correspondence (Do not repeat name)  
.....  
.....
- Ph. No. ....
10. Permanent Address for Correspondence (Do not repeat name)  
.....  
.....
- Ph. No. ....
11. Qualification : .....
12. Programme applied for .....
13. Year / Semester applied for : .....

14. Details of Academic records (from 10th Standard Onwards) Name of Qualifying Examination Year Name of Institution University / Board Div. / Per.

Name of Qualifying Examination	Year	Name of Institution	University/Board	Div./ Per.

15. Details of Professional Education :

Name of Qualifying Examination Year Name of Institution University / Board Div. / Per.

Name of Qualifying Examination	Year	Name of Institution	University/Board	Div./ Per.

#### DECLARATION BY THE APPLICANT

I hereby declare that all particulars stated in this applicants are true to the best of my knowledge and belief. I have read and understood all the provisions of the prospects and agree to abide by them. In the event of suppression or distortion of my fact like educational qualification, nationality, study period etc., made in this applicant form, I understand that my registration/admission is liable to be cancelled at any stage.

Place :

Date :

Signature of Applicant

Guardian Signature