Registration fee:

Form No:	
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SHRI JAGDISHPRASAD JHABARMAL TIBREWALA UNIVERSITY

Conducted by- Shri Rajasthani Seva Sangh (Mumbai) UGC Approved Estd: As per Act No: F2(5)Vidhi/2/2009, Govt. of Rajasthan Vidyanagari, Jhunjhunu-Churu Road, P.O.-Chudela, Jhunjhunu, Rajasthan 333010 **Tel:** 8104883378, 9667979311 **Website**: <u>www.jjtu.ac.in</u>, **Email**: <u>admission@jjtu.ac.in</u>, <u>enquiry@jjtu.ac.in</u>

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Course:									Sul	ojec	:t:																
1. Name of the App	Name of the Applicant																										
2. Father's Name																						Self Attested Photo					
3. Mother's Name																											
4. Date Of Birth (DE	 ጋ-MM-Ү	/YY)																			I						
5. Present Address	; [<u> </u>																									\exists
6. Phone No. with S	L STD Cod	 e													Mol	bile				PI							
7. ParentsPhoneNo	. C	\Box																									
8. Email	Γ																										
9. PermanentAddre	ess:																										
10. AadharCardNo	o./PANN	No./R	atio	onCa	ard	No.																					
11. Weather Applic 12. Qualification		ongs t	to SO	C/ST	Г/OE	3C/F	PH/E	EX-ľ	Vilita	ary N	Man	/Oth	er-`	Yes			No		11.	Ger	nde	r-Ma	ale		Fe	male	ə
Exam	Year o	of Pa	ssir	ng	Board/University P				Percentage						Subject												
Secondary																											
Sr. Secondary	<u> </u>			\downarrow																							
Graduation	<u> </u>																										_
P.G.																											
13. MigrationYes		0] 1	4. T	.С	Y	'es		No)		15.	C.	С	Yes	;		No									

16. Hostel facility required (Yes/No):

____Well furnished separate hostel for boys & girls (first come first serve basis).

- Note:
- 1. Course Fees and Hostel Fees as per University norms.
- 2. Submit self-attested photocopies of Mark-Sheets and certificates along with application form.
- 3. Submit two latest passport size color photo along with registration form.
- 4. Registration fee is non-refundable in case of cancellation of admission.

DECLARATION

ISon/E	Daughterhereby declare								
That all above information is true and correct to the best of my knowledge. If any information found false, University shall be free to cancel my admission. All rules of the University will be followed by me. I will not involve in any unlawful activity.									
Place	Signature of Parents/Guardian								
Date	Signature of the Candidate								
For office use only									
ID Number:									
Registration Amount 1000/-									

Date:...../...../...../

Signature Registrar Office