## Registration fee:

**Form No:………………………………..**

**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 333001

Tel: 8104883378, 9667979311 Website: [www.jjtu.ac.in,](http://www.jjtu.ac.in/) Email: admission@jjtu.ac.in, enquiry@jjtu.ac.in

## A d m i s s i o n R e g i s t r a t i o n F o r m S e s s i o n 2 0 2 0 - 2 1

### (Fill up in Block letters only)

Self Attested Photo

Course:

1. Name of the Applicant

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1. Father's Name

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1. Mother's Name

Subject:

1. Date Of Birth(DD-MM-YYYY)

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1. Present Address

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1. Phone No. with STD Code

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1. Parents Phone No.

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1. Email

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1. Permanent Address:

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1. Aadhar Card No./PAN No./ Ration Card No.

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Mobile

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PIN:

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1. WeatherApplicant belongs to SC/ST/OBC/PH/EX-Military Man/Other - Yes No

### Qualification

1. Gender - Male

Female

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exam** | **Year of Passing** | **Board/University** | **Percentage** | **Subject** |
| **Secondary** |  |  |  |  |
| **Sr. Secondary** |  |  |  |  |
| **Graduation** |  |  |  |  |
| **P.G.** |  |  |  |  |

* 1. Migration Yes No
	2. T.C Yes No
	3. C.C Yes No

# SHRI JAGDISHPRASAD JHABARMAL TIBREWALA UNIVERSITY

## Acknowledgment of Registration Form (Session 2020-21)

Course:

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1. Name of the Applicant

## Student Copy

### (Fill up in Block letters only)

**Form No -**

Subject:

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1. Father's Name

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1. Mother's Name

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1. Date Of Birth(DD-MM-YYYY)

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ID Number

Draft/ Cash Receipt No. & Date Date

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Authorised Signatory

* 1. **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 photo copies 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**

I Son/Daughter hereby declare

that all above information are true and correct to the best of my knowledge. If any information found false, University shell 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**