

Session

Application No. DDE-

A.F. Code

SVSU-

Affix recent  
Passport Size  
Photograph

Do not pin or staple



**DIRECTORATE OF DISTANCE EDUCATION**  
**SWAMI VIVEKANAND SUBHARTI UNIVERSITY**  
 Meerut (U.P.) - 250005

**APPLICATION FORM FOR ADMISSION**

(To be filled by candidate in his / her own handwriting legibly in capital letters in English)

**Specimen Signature of the Candidate (Inside the box)**

**ENROLMENT NUMBER**

(For office use only)

**PROGRAMME APPLIED FOR**

(Including Subject/ Specialization)

1. Applicant's Name : {as per Matriculation Certificate}

In English (In Capital Letters)

परीक्षार्थी का पूरा नाम (हिन्दी में)

2. Father's Name : {All the candidates including married women will mention Name of Father}

In English (In Capital Letters)

पिता का नाम (हिन्दी में)

3. Mother's Name :

In English (In Capital Letters)

माता का नाम (हिन्दी में)

4. Sex : (✓ Tick) Male Female

5. Date of Birth :

Date

Month

Year

6. Address for Correspondence (do not repeat name)

															Pin Code			

Phone No. with STD Code

Mobile No

E-mail




Please ensure that you have enclosed the DD for the prescribed fees in full and other certificates as indicated in prospectus.

7. Details of Fee Payment :

Demand Draft drawn in favour of SVSU, Distance Education, Payable at Meerut

Cash/Demand Draft No./RTGS

Date

Bank

Amount

Amount in words

Seal & Signature of Coordinator

8. Nationality

9. Category (tick mark whichever is applicable)  
(Please attach category certificate if applicable)

Gen.	OBC	SC	ST	Others
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Employment Status

11. Details of Educational Qualifications (From Matriculation onwards) :

Name of the Examination	Subject	Year of Passing	Name of University/ Board	Division/ Grade

**DECLARATION**

I hereby declare that the information furnished herein above is true and correct to the best of my knowledge and belief. I further declare that the attested photocopies of the certificates submitted by me at the time of admission are the true copies of the originals. I have read the prospectus and the rules and regulations of the University. In case any information is found incorrect, at any stage, I agree to forego the fee deposited and also the claim for admission.

Place & Date :

Signature of the Applicant

**For A.F. use only**

Eligible (✓ Tick)	Yes		No		Course Fee paid in Full	Yes		No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fee Receipt Issued	Yes		No		Originals Verified	Yes		No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Granted provisional admission subject to ratification by University.

Seal & Signature of Coordinator

**(To be filled by the Office)**

- Photocopy of High School Mark sheet & Certificate
- Photocopy of Intermediate Mark sheet & Certificate
- Photocopy of Graduation I, II, III Year Mark sheet & Certificate  
(only applicable for PG Courses)
- Photocopy of Previous year mark sheet (in case of Credit Transfer)
- Photocopy of required Degree/Diploma (in case of Lateral Entry)

Eligible for the Course:			
1. U.G.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. P.G.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. C.T.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. L.E.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Recommendation of Checking Officer \_\_\_\_\_

This is to certify that the candidate is eligible for admission. Enrollment no. may be allotted.

Enrollment No. ....

Checked by .....

Date : .....

.....  
Signature  
(Sanctioning Authority)

**APPLICATION FORMAT FOR  
OBTAINING THE PROSPECTUS AND ADMISSION FORM FROM  
DIRECTORATE OF DISTANCE EDUCATION, SVSU**

Name of Applicant: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Complete Postal Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Pin: \_\_\_\_\_

Contact No.: \_\_\_\_\_ E-mail ID: \_\_\_\_\_

Course Name interested for: \_\_\_\_\_

D.D. Details:

D.D. of Rs. 175/- (in favour of Demand Draft in favor of "SVSU Distance Education" payable at Meerut)

D.D. No.: \_\_\_\_\_ Amount: \_\_\_\_\_

Issuing Date: \_\_\_\_\_ Issuing Bank: \_\_\_\_\_

(Signature of Applicant)

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Complete Application along with the DD, please send to the address given below –

Directorate of Distance Education,  
Swami Vivekanand Subharti University,  
Subhartipuram NH-58 Delhi- Haridwar Bypass Road,  
Meerut, 250005  
Landline Number – 0121-3055028, 3055029  
Email ID : [ddesvsu@gmail.com](mailto:ddesvsu@gmail.com)  
Website : [www.subhartidde.com](http://www.subhartidde.com)