

VENKATESHWARA UNIVERSITY NH - 9, VENKATESHWARA NAGAR, NEAR RAJABPUR, DISTT. AMROHA(U.P.)

Ph. No. - +91-8192997478/79 Email ID - info@svu.edu.in Website - www.svu.edu.in

Registration/Admission Form Academic Session 2021-22



Signature of Student

Preffered Course I		on 1 . <mark>I</mark>	.AW				2	2					3	3		 			
SVU Registration/Enr	olment No															 			
1. Name of the Applicant (as per Matriculation Certificate, space should be given between first name, middle name and surname)																			
V A N D A N	I A																		
2. Father's Name (S	Father's Name (Space should be given between first name, middle name and surname)																		
M A D A N	LA	L																	
3. Mother's Name (S	Mother's Name (Space should be given between first name, middle name and surname)																		
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4. Date of Birth (DD-	Date of Birth (DD-MM-YYYY) 5. Gender (M/F) 6. Category (Gen/OBC/SC/ST)																		
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Note:										
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Docur	nent cerl	tification as per abov	e list – "Yes/No"							
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