



William Carey University

Shillong - Meghalaya - India

APPLICATION FOR ADMISSION

Course Applied For:

Semester Applied For:

Enrollment Number

Specialization

Study Mode

Session

Stick
your
photo
here

[Please fill the form using black ball point pen only & in capital letter]

Name of the Applicant as in the Birth Certificate or Marks Sheet of SSC Exam :

Father's Name :

Mother's Name :

Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YEAR

Sex :

1. Male

2. Female

Marital Status :

Community :

Religion :

Nationality :

Complete Address for Correspondences (Don't repeat name) (Use capital letters only)

Postal City :

State :

Pin Code :

Resi. Tel :
with code

Mobile :

E-mail :

2. ACADEMIC QUALIFICATION

Provide complete information on examination marks obtained in all columns. Marks stated in these columns must tally with those in the original mark sheets. Enclose photocopy of certificates. (Attested by gazetted officer)

Examination Passed	Name of the School / College	Name of the Board / University	Marks Obtained/ total marks	Percentage (Aggregate)	Month & Year of Passing
Std . 10 th					
Std . 12 th					
Graduate					
Post - Graduate					
Others					

3. FAMILY DETAILS :

Name	Relation	Service/ Self Employed Name of Organization	Place	Designation

4. DECLARATION BY THE STUDENT

- I hereby tender that I will regularly attend the classes and will maintain atleast 80% attendance in my class.
- The eligibility documents submitted by me are true and genuine to the best of my knowledge and belief.
- During the course of study I will not be in any kind of regular job either in any Govt., semi Govt. or Pvt. Authority/Co.
- During the course of study I will not do any other regular course from any other University.
- I will not indulge in any sort of legal cases, whether criminal/Civil during the course of study.
- I understand that the fees inced paid will not be refunded.
- I will not involve in malpractice, misconduct, fraud in any manner during any tenure of study in the University.

I confirm that the information given on this form is true, complete and accurate and none of the information requested of other material information has been omitted. I accept if it is discovered that I have supplied false, inaccurate or misleading information, William Carey University reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the William Carey University and I shall have no claim against William Carey University in relation thereto.

Place : _____

Date : _____

Signature of the Applicant

Reference Through: _____ Contact no: _____

Address : _____

(Office Use Only)

Course Name : Specialization: Year of joining :

Total Fees of the course : Scholarship: Permitted by: _____

Details of the fees Paid during admission :

	Fee Amount	Amount Paid	Date	Cash/Cheque/DD	Receipt No.	Examination Month/Yr
Form Fees:						
No. of Yr :						
1 Year:						
2 Year:						
3 Year:						
4 Year:						
Total Amount :						

Benefits given

Remark :

Academics in charge Sign:

Accounts in charge Sign:

Head Office in charge Sign: