

3. FAMILY DETAILS :

Name	Relation	Service/ Self Employed Name of Organization	Phone Mobile No.	Designation

DECLARATION BY THE APPLICANT

- I understand that the fees once paid will not be refunded.
 - The eligibility documents submitted by me are true and genuine to the best of my knowledge and belief.
 - 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, Capital University, Sikkim reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the Capital University, Sikkim and I shall have no claim against Capital University, Sikkim in relation thereto.

Place : _____

Date : _____

Signature of the Applicant

Payment Details

DD No.	DD Date	Name and Address of Bank	DD Amount

Reference Through: _____ Contact no: _____

**For Office Use
To be attach following documents**

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Attested Xerox Copy of Date of Birth Certificate | <input type="checkbox"/> | 5. School leaving Cert./ Migration Cert. | <input type="checkbox"/> |
| 2. Photographs of students | <input type="checkbox"/> | 6. Passing Certificate | <input type="checkbox"/> |
| 3. Attested Xerox copy of Aadhar Card | <input type="checkbox"/> | 7. Mark Sheet | <input type="checkbox"/> |
| 4. Character Certificate | <input type="checkbox"/> | 8. Attested Xerox copy of SC/ST/OBC | <input type="checkbox"/> |

Entrance Test Date

Obtain Marks

PASS / FAIL

Total Marks of Test

Results Status (P/F)

Benefits given

Remark :

Academics in charge Sign:

Accounts in charge Sign:

Head Office in charge Sign:

Form fee: 500/-