SRM-CESD CENTER FOR ENTREPRENEURSHIP AND SKILL DEVELOPMENT

APPLICATION FOR ADMISSION TO PROGRAMME FOR BOTH MEN AND WOMEN

	Name of the Applicant : Father's / Husband's Name :	Application No.
	Applicant's Date of Birth : Address for correspondence :	Affix Latest Passport size Photograph
	Phone No. Mobile no. Email ID.	
6. 7.	Gender: Male ☐ / Female ☐ Marital status: Married ☐ / Unmarried ☐ Special category: Differently abled ☐ / Not applicable ☐ Employment status: Employed ☐ / Unemployed ☐	
	Highest educational qualification : Course name :	
	Amount: DD Number: Date: Name of the Bank: List of attested copies of documents (Please tick): i. Special category proof: Yes No ii. Proof of educational qualification: Yes No iii. Proof of Date of Birth: Yes Indicate the conditions of eligibility for which I seek admission. I fulfill the minimum eligible criteria and have information in this regard. In the event of any information being found incomfer admission, my candidature shall be liable for cancellation by the University.	provided necessary orrect or misleading

Date: