### INSTRUCTIONS

- 1. The Candidate must ensure his/her eligibility (from the prospectus) before filling up the
- 2. The admission form must be filled LEGIBLY IN BLUE/BLACK BALL POINT IN CANDIDATE'S OWN HANDWRITING and submitted in person at the time of counselling.
- 3. Latest passport size photograph duly signed by the candidate should be pasted in the space provided on the admission form. These photographs should be the same in all respects as the one uploaded by the candidate on the online application form.
- 4. The admission form must be completed, and no column should be left blank. Write "not applicable" where no information is required to be given.
- 5. Self attested copies of all the certificates from matriculation onward and other supporting testimonials must be attached with admission form in the first instance.
- 6. The Registrar may, at his discretion, cancel the admission of a candidate if at any time, it is found that the candidate obtained admission by misrepresentation/concealment of facts or the admission was made due to error oversight, etc.

## List of Original/Self Attested copies of Certificates/Testimonials to be attached with the admission form

- 1. Original Certificate as evidence of belonging to reserve category (ies) (Annexures I to VI). Candidates belonging to SC category whose parent's annual income is upto Rs. 2.50 lakh must attach low income certificate for the same (Annexure VIII).
- 2. Certificate as evidence of an outstanding sportsperson.
- 3. Declaration of Parents/ Guardian (Annexure -VII).
- 4. Certificate of residence (Annexure -VII-A/X).
- 5. Certificate as evidence of date of birth.
- 6. Detailed marks certificate of examination(s) which qualifies the candidate for admission.
- 7. Character certificate from the Principal of School/College last attended.
- 8. Self-undertaking of gap in study, if applicable (Annexure -IX)
- 9. Aadhaar/UID card.
- 10. Copy of Application form submitted online.

- Original Certificates/Testimonials, aadhaar card etc. self attested copies of which have been Note: enclosed with the admission form should be produced at the time of counselling. (i)
- If electronically generated detailed marks certification/copy of gazette of 10+2 is produced at the counseling, it should be attested by the Principal of the school last attended. (ii)

## GURU ANGAD DEV VETERINARY AND ANIMAL SCIENCES UNIVERSITY LUDHIANA – 141004

# ADMISSION FORM FOR DIPLOMA IN VETERINARY SCIENCE AND ANIMAL HEALTH TECHNOLOGY (Academic Session 2020-21)

## (TO BE SUBMITTED AT THE TIME OF COUNSELLING)

**Important:** The candidate must carefully read instructions given at the end of this form and in the prospectus before filling the form.

Last		For Office use only			
Exam. Passed	Year of passing	Name of Board/ University	Marks/ OGPA/ OCPA obtained	% age of marks	Latest passport size photograph pasted with gum duly signed by the candidate  Do not staple
Document Checked b Fees paid Admission	s lacking y ₹	king admission	*****		
	T. 1 C	71	2 2 2		
		illed by the candidate i	n his/her owi	ı handwriti	ng with blue ink
1. Na	Aadh				ng with blue ink
	Aadh	aar / UID number			
2. Fa	Aadh ame of the app ther's name* (	aar / UID number licant* (in block letters)			
<ol> <li>Fa</li> <li>M</li> </ol>	Aadh ame of the app ther's name* (	aar / UID number licant* (in block letters) (in block letters) (in block letters)			
<ol> <li>Fa</li> <li>M</li> <li>(a)</li> </ol>	Aadh ame of the app ther's name* ( other's name*	aar / UID number licant* (in block letters) (in block letters) (in block letters) ddress:			Pin:
<ol> <li>Fa</li> <li>M</li> <li>(a)</li> </ol>	Aadh ame of the app ther's name* ( other's name* Permanent A Corresponder	aar / UID number licant* (in block letters) (in block letters) (in block letters) ddress:			Pin:
<ol> <li>Fa</li> <li>M</li> <li>(a)</li> <li>(b)</li> </ol>	Aadh ame of the app ther's name* ( other's name* Permanent A Corresponder	aar / UID number licant* (in block letters) (in block letters) (in block letters) ddress:			Pin:

		- My man	
6.	Reserved category (ies) un	nder which admission sought	
	(SC/ST/BC/SP/FF/AF/TA	/KJR/DP) (Bring the original as	
	well as the attested copy (	ies) of the certificates as prescribe	d
	in Annexure I to VI at the	time of counselling/interview in	
	support of your claim, oth	erwise, it will not be considered for	or
	admission).		
7.	Date of Birth		
	(As entered in the matricu	lation or equivalent certificate).	
8.	Nationality		
9.	Religion		
10.	(a) Name of father or guar	dian with relation	
	(b) Occupation of father/g	uardian	
	(c) Annual income of the	family	
	(d) Address of father/guar	dian	
			***************************************
11.	Have you ever been dropp	ed/expelled/rusticated or denied	***************************************
	admission to any school o	r college? If yes, give detailed	***************************************
	reasons and period of drop	pping/expelled/rustication.	
12.	Have you ever been found	guilty of adopting unfair means	
	in any examination or disc	qualified/ barred from appearing	
		cted by any Board/University?	
	If yes, give details.		
13.	Detail of examination (s)	passed:	6
	Examination	Matriculation	10+2
Nar	ne of School or College		
Nar	ne of the		
Boa	ard/University		
Mo	nth and Year of passing		
Boa	ard/University Roll No.		
Ma	ximum Marks		
Ma	rks Obtained		
Per	centage of Marks		
Me	dium of Instruction		
Sub	pjects		

DECLARATION BY CANDIDATE

and high	{
1. Ison/daught	ter of Sh.
hereby certify that the admission form has	been filled in my own hand writing with blue /black
hall point and according to the given instru	ections.
2. I hereby affirm that the information given	by me in this admission form is complete and true to
the best of my knowledge and belief and th	nat nothing has been concealed.
3. I have made this application with the college	ent and approval of my parent/guardian. In the event ake to abide by the disciplinary and other rules and
regulation of the college and the university	/.
4 If the information provided by me is found	nd to be incorrect, I will be liable to be prosecuted
under law and summarily expelled from G	ADVASU.
	e.
Place	(Signature of candidate)
Date	(Signature of Candidate)
×	
DECLARATION BY	Y PARENT/ GUARDIAN
	do hereby declare that my son/daughter/ward
makes this app	dication with my knowledge and consent and that in
the event of his/her being admitted to the college	ge. I shall be responsible for his/ner good conduct and
for the due and prompt payment of college and	other fees and to indemnify the conlege/university in
respect of all losses and the expenses resulting	from delay and failure to make any such payment or
respect of all losses and the expenses resum	- in a arms of
as a result of the particulars given above proving	g mcorrect.
Place	g incorrect.  (Signature)
Place	(Signature)
Place	(Signature) Name
Place	(Signature)  Name  Relation with candidate:
	(Signature) Name
Place	(Signature)  Name  Relation with candidate:
Place Date	(Signature)  Name  Relation with candidate:
Place  Date  DECLARATION BY CANDIDATE	(Signature)  Name  Relation with candidate:  Address  ES WILLING TO DONATE THEIR EYES
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after	(Signature)  Name Relation with candidate: Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision.
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name Relation with candidate: Address  Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name  Relation with candidate:  Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision given by me is accurate and I know that my name will be all website as I have chosen to pledge my eyes.
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name Relation with candidate: Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision given by me is accurate and I know that my name will be all website as I have chosen to pledge my eyes.  Agree Disagree
DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name Relation with candidate: Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision. given by me is accurate and I know that my name will be all website as I have chosen to pledge my eyes.
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name Relation with candidate: Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision. given by me is accurate and I know that my name will be all website as I have chosen to pledge my eyes.  Agree Disagree
Place  Date  DECLARATION BY CANDIDATE  I want to pledge my eyes for eye donation after  This is to certify the above said information g	(Signature)  Name Relation with candidate: Address  ES WILLING TO DONATE THEIR EYES  r my death. My family members also support my decision. given by me is accurate and I know that my name will be al website as I have chosen to pledge my eyes.  Agree Disagree