

SRINIVAS UNIVERSITY

(A state private university, established by Act 42/2013 of Karnataka legislative assembly)(under section 22 of UGC act)
Administrative office: GHS ROAD, MANGALURU-575 001, KARNATAKA, INDIA
E-mail: forensicscience2018@gmail.com website: www.srinivasauniversity.edu.in
(ONLY SUBJECT TO COURTS/JUDICIAL FORUMS AT MANGALURU, D.K)

Name Date of Birth DD MM YY SEX: Male Female Nationality Indian Others (Please Specify)						A			I (RN	M								
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Educational and Profess	ional Qualifications:
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(HSC, SSC, Diploma, Degree, Courses, Certifications, Graduation and Post graduation or last 2-3 qualifications etc...)

	Courses, Certifications, Graduation		
QUALIFICATION	UNIVERSITY AND YEAR	CLASS/GRADE	SUBJECTS
Rules, Regulations, Ter	ms and Conditions:		
1) Your privacy is in	mportant to us and we do not	share your information with	any third-party.

- 2) Right of Admission is reserved. Incomplete / incorrect applications would be rejected.
- 3) Any change in address should be informed.
- 4) It is expected of you submit true and correct information about you.

Declaration:

I am submitting this application form and documents for above mentioned course and I have carefully read all the instructions, rules, regulations, FAQ, terms and conditions

Signature: (Student)	Signature: (Parent)	
Date:Place:		
	please tear hear⊁	
	HALL TICKET	
Name and address:		<u>PHOTOGRAPH</u>
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PRINCIPALS SIGNATURE

STUDENTS SIGNATURE