

PROVISIONAL APPLICATION FORM

SESSION
2020-21

1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐D. Pharma ☐BBA ☐BA ☐B.Sc ☐M.Tech ☐B. Pharma ☒MBA ☐B.Com ☐M. Pharma ☐Pharmacology ☐Pharmaceutics ☐

Branch

EC ☐CS ☐IT ☐EE ☐Civil ☐ME ☐AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): MANTASHA KHAN (In Hindi) मन्तशा खानDate of Birth: 05/12/2001 Gender: FemaleAadhar Card No. 958663179371 Category OBC/MinorityFather's Name: Khalid Icham Occupation: _____Mother's Name: Sayida Begam Occupation: _____

Family's Annual Income: _____ Parent Email Id _____

Permanent Address: W/o Khalid Icham, Delhi bai baw, Manpur Sadwy, Lali, CRPP Campus, Laluxas, Manpur.

Local Address: _____

Contact No. Landline: _____ Parent's Mobile No. 8104689905E-Mail ID: _____ Student's Mobile No. 8426908122 (W)Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☒Date: 17/08/20Signature of Parent KhalidSignature of Student Mantasha Khan

PROVISIONAL APPLICATION FORM

SESSION



1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
 M.Tech ☐ B.Pharm ☒ MBA ☐ B.Com ☐
 M.Pharm ☐ Pharmacology ☐ Pharmaceutics ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): JANVI JANVI JAIN (In Hindi) जानवी जैन
 Date of Birth: 31/6/2003 Gender: FEMALE
 Aadhar Card No. 2944-6963-9335 Category General
 Father's Name: MR. NANOJ KUNAR JAIN Occupation: BUSINESS MAN
 Mother's Name: MRS. SUNAN JAIN Occupation: HOUSE WIFE
 Family's Annual Income: 1,20,000 Parent Email Id Manojjain3292@gmail.com
 Permanent Address: RAMTAS NACHAR, BASS ROAD DHARUHERA
(REWARI) HARYANA
 Local Address: REWARI (HARYANA)
 Contact No. Landline: 9812283301 Parent's Mobile No. 8059503301
 E-Mail ID: Janvi.jain1314@gmail.com Student's Mobile No: 7027421222
 Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☒ Other ☐
 Date: 15/10/2020 Signature of Parent: [Signature] Signature of Student: [Signature]

PROVISIONAL APPLICATION FORM

SESSION



1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
 M.Tech ☐ B.Pharm ☒ MBA ☐ B.Com ☐
 M.Pharm ☐ Pharmacology ☐ Pharmaceutics ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): Chirag Saini (In Hindi) चिराग सैनी
 Date of Birth : 23/09/2009 Gender: Male
 Aadhar Card No. _____ Category DBC
 Father's Name: Manoharlal Saini Occupation: Techer
 Mother's Name: Rakha Saini Occupation: House wife
 Family's Annual Income: _____ Parent Email Id _____
 Permanent Address: Dhevi Saini kothi wend no. 1 Kucet
Jaipur
 Local Address: _____

Contact No. Landline: _____ Parent's Mobile No. 7737624992
 E-Mail ID: myfSchoolSaini@gmail.com Student's Mobile No: 9829108468
 Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☒ Google ☐ Calling ☐ Other ☐

Date: _____ Signature of Parent _____ Signature of Student Chirag Saini

PROVISIONAL APPLICATION FORM

SESSION
2020-21

1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
 M.Tech ☐ B.Pharma ☒ MBA ☐ B.Com ☐
 M.Pharma ☐ Pharmacology ☐ Pharmaceutics ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): HARSHITA BADOLIYA (In Hindi) हर्षिता बडोलीया

Date of Birth: 29-10-2002 Gender: F

Aadhar Card No. 256894503951 Category SC

Father's Name: MUKESH BADOLIYA Occupation: BUSINESS MAN

Mother's Name: SANGEETA BADOLIYA Occupation:

Family's Annual Income: Parent Email Id Shivabodoliya12@gmail.com

Permanent Address: 3/808, Malviya Nagar, Jaipur

Local Address:

Contact No. Landline: Parent's Mobile No. (S) 7300028720

E-Mail ID: Student's Mobile No. (P) 7568185331

Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☐

Date: 08/08/2020

Signature of Parent Sangita

Signature of Student Harshita

PROVISIONAL APPLICATION FORM

SESSION

1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech

☐

D. Pharma

☐

BBA

☐

BA

☐

B.Sc

☐

M.Tech

☐

B.Pharma

☒

MBA

☐

B.Com

☐

M.Pharma

☐

Pharmacology

☐

Pharmaceutics

☐

Branch

EC

☐

CS

☐

IT

☐

EE

☐

Civil

☐

ME

☐

AI+ML

☐

Personal Information (In Capital Letter)

Name of Student (In English): BATCOL FATIMA (In Hindi) _____

Date of Birth: 11-11-2001 Gender: FEMALE

Aadhar Card No. 245243047343 Category: 1 Open Merit

Father's Name: G. HULAM AHMAD Occupation: Farmer

Mother's Name: FAHMEEDA BEGUM Occupation: Farmer

Family's Annual Income: _____ Parent Email Id: _____

Permanent Address: Bulgam Sopore Khote Baramulla

Local Address: Bulgam District Baramulla
Tehsil Khoie.

Contact No. Landline: _____ Parent's Mobile No. 9541090406

E-Mail ID: BatoolFatima47265@gmail.com Student's Mobile No: 6006257098

Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☐

Date: _____

Signature of Parent [Signature]

Signature of Student [Signature]

PROVISIONAL APPLICATION FORM

SESSION

2020-21



1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
 M.Tech ☐ B.Pharm ☒ MBA ☐ B.Com ☐
 M.Pharm ☐ Pharmacology ☐ Pharmaceuticals ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): SUGAM (In Hindi) सुगम

Date of Birth: 01/08/2002 Gender: Male

Aadhar Card No. _____ Category: General

Father's Name: Mr. Gopal Prasad Singh Occupation: _____

Mother's Name: Ms Ruby Sinha Occupation: Housewife

Family's Annual Income: _____ Parent Email Id _____

Permanent Address: _____

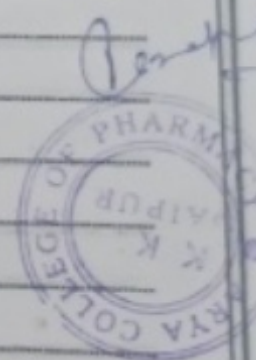
Local Address: _____

Contact No. Landline: _____ Parent's Mobile No. _____

E-Mail ID: _____ Student's Mobile No: 7061784901

Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☐

Date: 26-04-2021 Signature of Parent _____ Signature of Student _____



PROVISIONAL APPLICATION FORM

SESSION
2020-21



1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
M.Tech ☐ B.Pharma ☒ MBA ☐ B.Com ☐
M.Pharma ☐ Pharmacology ☐ Pharmaceutics ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): AASHISH KUMARAT (In Hindi) आशिष कुमार

Date of Birth: 28-Nov-2003 Gender: Male

Aadhar Card No. 669629097271 Category OBC

Father's Name: BHOLA RAM KUMARAT Occupation: _____

Mother's Name: MANJU DEVI Occupation: _____

Family's Annual Income: _____ Parent Email Id _____

Permanent Address: V.P.O. - PURANABAS Tech. NEEMKATHANA
Dist- SIKAR

Local Address: _____

Contact No. Landline: 786 7073813301 Parent's Mobile No. 8058451860

E-Mail ID: aashish208441@gmail.com Student's Mobile No: 7357748285

Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☐

Date: 17-11-2020

Signature of Parent _____

Signature of Student आशिष कुमार

PROVISIONAL APPLICATION FORM

SESSION



1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
 M.Tech ☐ B.Pharm ☒ MBA ☐ B.Com ☐
 M.Pharm ☐ Pharmacology ☐ Pharmaceuticals ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): BILQUEES FATIMA (In Hindi) _____Date of Birth: 29-10-2001 Gender: FEMALEAadhar Card No. 448932839179 Category: STFather's Name: HAZIR AHMAD Occupation: Farmer / self employedMother's Name: MEHMOODA BANO Occupation: Home maker

Family's Annual Income: _____ Parent Email Id _____

Permanent Address: Kargil JaelakhLocal Address: Kargil Kaksar Kargil JaelakhContact No. Landline: 01985233011 Parent's Mobile No: 8696006739 9469732966E-Mail ID: alizulf963@gmail.com Student's Mobile No: 9469773662, 606947823Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☐

Date: _____

Signature of Parent [Signature]Signature of Student [Signature]

PROVISIONAL APPLICATION FORM

SESSION



1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.

Course

B.Tech ☐D. Pharma ☐BBA ☐BA ☐B.Sc ☐M.Tech ☐B.Pharma ☒MBA ☐B.Com ☐M.Pharma ☐Pharmacology ☐Pharmaceutics ☐

Branch

EC ☐CS ☐IT ☐EE ☐Civil ☐ME ☐AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): Sachin Kumar Yadav (In Hindi) सचिन कुमार यादव

Date of Birth: 23/10/2003 Gender: Male

Aadhar Card No. 7253 8857 2998 Category: OBC

Father's Name: KRISHAN KUMAR YADAV Occupation: ARMYMAN

Mother's Name: LAXMI DEVI Occupation: HOUSE WIFE

Family's Annual Income: Parent Email Id:

Permanent Address: Vill- Ramsinghpura, Post - Chhaja Ki Nangal, Teh- Neem Ka Thana, Distt- Sikar, RAJASTHAN, Pin code- 332718

Local Address:

Contact No. Landline: Parent's Mobile No. 9799765818

E-Mail ID: SY9799Yadav@gmail.com Student's Mobile No: 9779736199

Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☒

Date: 22/02/2021

Signature of Parent

Signature of Student Sachin

PROVISIONAL APPLICATION FORM

SESSION

2020-21

1. The form must be filled by the student in own handwriting.
2. All information must be filled completely and correctly.
3. Refund of Fee Deposited as per rules & regulation.



Course

B.Tech ☐ D. Pharma ☐ BBA ☐ BA ☐ B.Sc ☐
M.Tech ☐ B.Pharm ☒ MBA ☐ B.Com ☐
M.Pharm ☐ Pharmacology ☐ Pharmaceutics ☐

Branch

EC ☐ CS ☐ IT ☐ EE ☐ Civil ☐ ME ☐ AI+ML ☐

Personal Information (In Capital Letter)

Name of Student (In English): RAHUL SAIN (In Hindi) राहुल सैन
Date of Birth: 11 JULY 2004 Gender: MALE
Aadhar Card No. 3433 5602 8564 Category ORC
Father's Name: SH. BHAGIRATH MAL SAIN Occupation: FARMER
Mother's Name: SMT. URMILA SAIN Occupation: SELF (FARM HOUSEWIFE)
Family's Annual Income: EIGHTY THOUSAND Parent Email Id _____
Permanent Address: POST. ANTELA VAYA BHABRU TEL. + VIRAT. WASAR,
DIST. JAIPUR RAY PIN. 303119
Local Address: Same.

Contact No. Landline: _____ Parent's Mobile No. 9636077904. (W)

E-Mail ID: _____ Student's Mobile No. 6378585254.

Source of Information: Print Media ☐ Website ☐ Relatives ☐ Alumni ☐ Google ☐ Calling ☐ Other ☐

Date: 3/9/2020

Signature of Parent राहुल सैन

Signature of Student राहुल सैन