

Remarks, if any (Official Use Only)

Application Number



# HIMALAYAN UNIVERSITY

Jullang Village, Near Central Jail, Itanagar, Distt. Papumpare -791111 Arunachal Pradesh, India  
Web: himalayanuniversity.com | Toll Free: 9910-057-970

## ADMISSION FORM

### INSTRUCTIONS

1. Please read the form carefully before filling it.
2. Use only Blue or Black Pen to fill up the Form in English using CAPITAL/BLOCK LETTERS only.
3. Please keep a photocopy of the Form, before submitting, as a ready reference.
4. Incomplete Form will not be considered.
5. Put Tick (✓) mark on applied course specialization.

Affix  
latest  
Passport size  
Color Photograph

### COURSE / PROGRAMME DETAILS:

Programme Type: \_\_\_\_\_

Programme Name: \_\_\_\_\_

Session /Year: \_\_\_\_\_

### PERSONAL INFORMATION (IN BLOCK LETTERS)

1. Gender (tick)  Male  Female  Transgender Date of Birth   <sup>DD</sup> -   <sup>MM</sup> -   <sup>YY</sup>  
(As mentioned in Matriculation Certificate)

2. Name of Applicant   
(As mentioned in Matriculation Certificate)

3. Father's Name

4. Mother's Name

5. Aadhar No.

6. E-mail Id

7. Marital Status

8. Category SC  ST  OBC  GEN  Minority  Muslim **In case of others**   
**Specity**

9. Nationality  Domicile  Arunachal Pradesh  Other **In case of others**   
**Specity**

10. Whether differently abled Yes  No  If yes, specify

## CONTACT DETAILS

### Permanent Address (Don't Repeat Name)

City..... State ..... Pin Code .....

Permanent Mobile No. (On which all the important information to be delivered) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Occupation \_\_\_\_\_

Parent/Guardian Contact no. \_\_\_\_\_ Email Address \_\_\_\_\_

## QUALIFYING EXAMINATION DETAILS\*

Examination	Degree	Board/University	Name of School/College	Total Marks	Marks Obtained	%	Year of Passing	Subject
High School								
10+2 or Equivalent								
Graduation								
Post Graduation								

\* Self attested copies of certificates/marksheet should be attached.

Payment details (applicable for downloaded form only) \_\_\_\_\_

Mode of Payment	Date	Amount	Campus / Name of the Bank

## DECLARATION BY CANDIDATE

I hereby declare that I have carefully read the instructions and all the informations furnished by me are correct.

Candidate's Signature \_\_\_\_\_ Parent's/Guardian Name \_\_\_\_\_

Parent's/Guardian Signature \_\_\_\_\_ Place \_\_\_\_\_ Date \_\_\_\_\_