



SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING

(Deemed to be University)

Vidyagiri, Prasanthi Nilayam – 515 134, Anantapur District, Andhra Pradesh, India

Ph: +91 8555 287239, Fax: 286919

Website: www.sssihl.edu.in Email: registrar@sssihl.edu.in

REGISTRATION FORM

NOTE: The duly filled-in registration form and application form should be sent to the office of Registrar, along with DD or IPO for **Rs.50/-** drawn in favour of “**Sri Sathya Sai Institute of Higher Learning**”, payable at **Prasanthi Nilayam**, so as to reach latest by 15th March 2011.

Course applied for: M.A.(English)/M.A.(Telugu)/M.A.(Economics)/ M.Sc.(Food Science & Nutrition)/
M.Sc.(Nanoscience and Nanotechnology)/M.Sc.(Food Technology)/B.Ed/
M.B.A/M.B.A.(Finance)/M.Tech.(Computer Science)/M.Tech.(Applied Optics)

Name:

Address:
.....
.....
.....

PIN Code: State:

STD Code: Telephone No.:..... Mobile No.:

Email Id:

Demand Draft or IPO No.: Date:

.....
Signature of the Candidate

For Office use only

Allotted Application No.:

Application form is Accepted / Rejected

Checked by:

NOTE: All pages of this document should be printed on only one side of each sheet of paper. Two sided printing is not acceptable.

CERTIFICATE OF COMPLIANCE

- Ensured that,
- i. My recent **passport size photograph is affixed** on the application form and have got it attested.
 - ii. **two additional photographs** are enclosed with the duly filled-in application form **with my name written clearly on reverse of the photographs.**
 - iii. I have attached one attested photocopy each of the Statement of X, and XII Std marks.
 - iv. I have attached **all** the attested photocopies of the Statement of Marks of my Qualifying Degree(s) Examinations issued by College/University.
 - v. I have duly signed the Declaration form and filled in the details regarding date and place.
 - vi. My parent/guardian has duly signed the Declaration form and filled in the details regarding date and place.
 - vii. All the supplementary material like photocopies of marks, certificates etc., are duly attached to the application.
 - viii. The duly filled 'Health Record' statement authenticated by the Doctor/Registered Medical Practitioner is attached to the application form.
 - ix. The A4 size envelope containing the application form and allied documents is addressed to **Registrar, Sri Sathya Sai Institute of Higher Learning, Vidyagiri, PRASANTHI NILAYAM – 515 134, Andhra Pradesh.**

Place:

.....
Signature of the Applicant

Date:

(Please ensure that the pages of the duly filled-in application form are stapled in the following order viz., 1) duly filled-in registration form, 2) duly signed Certificate of Compliance, 3) duly filled-in application form, 4) duly filled-in and authenticated Health Record statement, 5) duly attested photocopies of the required mark statements, and 6) Photocopies of certificates indicating other achievements if any etc.



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APPLICATION FOR ADMISSION TO POSTGRADUATE / PROFESSIONAL PROGRAMME

LAST DATE FOR SUBMISSION: March 15

APPLYING FOR (Tick only one box)	
M.B.A.	<input type="checkbox"/>
M.B.F.	<input type="checkbox"/>
M.T.C.	<input type="checkbox"/>
M.T.A.	<input type="checkbox"/>
M.S.N.	<input type="checkbox"/>
M.A.E.	<input type="checkbox"/>
M.H.S.	<input type="checkbox"/>
M.E.L.	<input type="checkbox"/>
M.T.L.	<input type="checkbox"/>
B.Ed.	<input type="checkbox"/>

Please read carefully the instruction in the Information Handbook before filling this form.
Incomplete Applications will be summarily rejected.

FOR OFFICE USE ONLY (Applicant ID): -

(If you are applying for more than one course, please mention the application number and the course.)

Applied for: Application No(s): Programme(s):.....

Application No.:

- Applicant Name:
- Gender: Male Female
- Marital Status: Married Unmarried
- Date of Birth: / / Age:
- Place of Birth:
- Country of Birth:
- Place of Residence:
- Nationality:
- Permanent Address:
- State:
- Pin Code:
- Mobile: Landline:
- Mailing Address: (if different from permanent address)
- State:
- Pin Code:
- E-mail ID:
- Name of Father/Guardian:
- Occupation:
- Annual Income:
- Mother's Name:
- Occupation:
- Annual Income:
- Mother Tongue:
- Religion:
- Community: SC ST OBC Others Please Specify

(Tick wherever applicable and enclose attested copies of the Caste Certificates)

Please affix your passport size photograph and get it attested by the Head of your Institution or by a Gazetted Officer

POSTGRADUATE LEVEL

34. Name of the College: _____

35. University to which College is affiliated: _____

36. Medium of Instruction: _____

37. Years of Study: [D][D] / [M][M] / [Y][Y][Y][Y] to [D][D] / [M][M] / [Y][Y][Y][Y]

Semester System (Grades / Marks)

	I Semester	II Semester	III Semester	IV Semester	CGPA or Aggregate of marks
GPA or Aggregate of marks:					

(Enclose attested photocopies of statement of marks)

Year System (Grades / Marks)

I Year	Marks obtained: _____	II Year	Marks obtained: _____	Aggregate % _____
	Max. Marks: _____		Max. Marks: _____	

(Enclose attested photocopies of statement of marks)

38. Name of the Degree: _____
 Specialization: _____
39. Are all the qualifying undergraduate degree/postgraduate degree examinations completed before the date of our Admission Test? Yes No (Tick where applicable)
40. **For B.Ed. Candidates only:** Mention the two subjects chosen for test-II of the admission test
 (Please refer Admission Test Sheet before filling)
- (i) _____
 (ii) _____
41. Details of Employment:

Name of the last organisation worked	Total years of work experience

42. Have you applied for admission to this Institute before? If yes, when?

Course	Year when Admission was sought

43. Have you now applied elsewhere for admission? If so, furnish the particulars below:

	Course	University/College	Date of Admission Test
1.			
2.			
3.			
4.			

ADDITIONAL PARTICULARS

44. Extra-curricular activities:

Indicate below with a tick mark, the extra-curricular activities you have participated in:

- | | | | |
|--------------------------------|---|--|---|
| <input type="checkbox"/> Quiz | <input type="checkbox"/> Photography | <input type="checkbox"/> Games | <input type="checkbox"/> Painting/Drawing |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Music - Vocal | <input type="checkbox"/> Debates | <input type="checkbox"/> Dramatics |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Music - Instrumental | <small>Specify the instrument(s)</small> | |

45. Mention your achievements, if any, and awards or honours received:

46. Have you ever been a member of Sri Sathya Sai Organisation? Yes No

If Yes, give particulars:

Bal Vikas: Y|E|A|R to Y|E|A|R EHV Programme: Y|E|A|R to Y|E|A|R
 Pre-Sevadal: Y|E|A|R to Y|E|A|R Sevadal: Y|E|A|R to Y|E|A|R

47. Furnish below the particulars about your parent(s), own brother(s) and/or sister(s) who have studied / who are studying in any of the campuses of the Sri Sathya Sai Institute of Higher Learning or Sri Sathya Sai Higher Secondary School, Prasanthi Nilayam.

S. No.	Name	Course / Standard	Total years of study
1.			
2.			
3.			
4.			

DECLARATION BY THE APPLICANT

- I hereby declare that all the particulars given above by me are true to the best of my knowledge.
- I further declare that I have read the Information Handbook and Admission Handbook provided with this form, and that if admitted, I shall abide by all the terms and conditions stated therein.
- I assure that if I apply to any other Institution/University after preferring this application, I shall inform the same to the Interview Board of the Institute at the time of the Interview.
- I undertake not to apply for any other course, after joining the Institute, without the prior permission of the Head of the Campus of the Institute.

Place: _____

Date: / /

Applicant's Signature

DECLARATION BY PARENT/GUARDIAN

- I hereby certify that the information provided above is correct, and I bear the responsibility of withdrawing my son/daughter/ward from the course after admission, if any of the information given above is found to be wrong.
- I further certify that I would bear all the boarding, lodging and other expenses of my son/daughter/ward, in connection with his/her stay in the Institute.

Place: _____

Date: / /

Signature of the Father/Mother/Guardian



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SUBMIT THIS FORM ALONG WITH THE DULY FILLED-IN APPLICATION FORM

HEALTH RECORD

1. Name: _____ 2. Application No.: _____

3. Course applied: _____ Group Combination for UG candidates: _____

4. Height : _____ 5. Weight : _____ 6. Age : _____ 7. Blood Group : _____

8. Identification Marks :

8.1 _____

8.2 _____

9. Have you suffered from any of the following illness? If yes, furnish details regarding duration, medication, and present condition. (Put tick mark where applicable)

9.1. Skin lesions (Yes / No)

9.2. Tuberculosis (Yes / No)

9.3. Bronchial Asthma (Yes / No)

9.4. Chicken pox/Mumps (Yes / No)

9.5. Epilepsy (Yes / No)

9.6. Any other major illness [specify] _____

10. Have you been vaccinated for Hepatitis B ? _____

11. Does any one in the family suffer from the following diseases? Father / Mother / Others. (Put tick mark where applicable)

11.1. Diabetes (Yes / No)

11.2. Epilepsy (Yes / No)

11.3. Tuberculosis (Yes / No)

11.4. Cardiac Problem (Yes / No)

MEDICAL CERTIFICATE FROM THE FAMILY PHYSICIAN

This is to certify that I have examined Sri / Kum. _____ thoroughly and found the above mentioned medical information to be true to the best of my knowledge.

Date: _____

Signature with Seal of the Physician