



AMITY UNIVERSITY

UTTAR PRADESH

STUDENT ENROLLMENT FORM

Academic Session

Space for
Photograph
(Passport size)
Attested by
Head of
Study Centre

Applying for
(Tick one)

AMITY Pan African e-network Programmes

Application Status

Programme Enrolled:
Course Code:

Full Name of Students
(in Block Letters)

Mr Ms

Last Name	Middle Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Father's Name

Last Name	Middle Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nationality

State of Domicil

Date of Birth

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex

Male Female

E-mail Address

Correspondence
Address

<input type="text"/>	Telephone (Include STD) Home _____ Other _____ Mob. _____
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Employment History
(For Last 5 years,
If applicable)

Name & Address of Organisation	Designation	From	To

Educational Qualifications

Name of Qualifying Exam	Name of School / University	Year of Passing	Board/College/ University	Main Subjects	Aggregate % of Marks
Class 10					
10+2					
Graduation					
Post Graduation					
Others					

UNDERTAKING:

I solemnly affirm that the above information made and furnished by me is true and correct. Further, I am being admitted to the above stated Programme entirely on my request and I agree to abide by all the rules and regulations of Amity University. In the event of suppression or distortion of any fact like educational qualification, nationality etc, made in the Enrollment Form, I understand that my admission is liable for cancellation.

Date: _____

(Signature of Student)

Place: _____

Particulars VerifiedSignature: _____
(Head of the Study Centre)

Office Seal

Name / Designation _____

Student Enrolled/ Not Enrolled

Enrollment No. Allotted

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