GITAM SCHOOL OF GANDHIAN STUDIES

GITAM (Deemed to be University)

(Estd. u/s 3 of UGC Act, 1956)

Gandhi Nagar Campus, Rushikonda, Visakhapatnam - 530 045.

ADMISSION APPLICATION FORM

(Must fill all the applicable fields without any blank)

Paste your recent passport size colour photograph DO NOT PIN or STAPLE

Form No. *(for office use only)*

Certficate Programs : **1. Psychometrics** ☐ **2. Soft Skills** ☐ **3. Gandhian Literature** ☐

4. Indian Language Courses: A. Hindi ☐ B.Telugu ☐ C. Sanskrit ☐

5. Foreign Language Courses : A. Professional English Communication ☐ B. French ☐

C. Spanish ☐ D. German ☐ E.Japanese ☐ F. Mandarin ☐

(Rank as per your choice or leave blank if you do not wish to be considered for a programme)

Name of the Applicant :
(As appeared in Class X or Equivalent Marks Memo)

Name of the Parent / Guardian :

Occupation : _____ Organization : _____

Address for Correspondence (Do not repeat name) : _____

_____

_____

Pin Code: _____ State : _____ Nationality : _____

Date of Birth : Date ☐☐ Month ☐☐ Year ☐☐☐☐ Sex (Mark 0) : Male ☐ Female ☐

Category (Mark 0) : OC ☐ BC ☐ SC ☐ ST ☐ PH ☐

STD Code ☐☐☐☐☐ Landline 1 ☐☐☐☐☐☐☐☐ Landline 2

Mobile Number : of Applicant ☐☐☐☐☐☐☐☐☐☐ Mobile Number : of Parent

Email Address

Details of qualifying examinations :

	School/College	Title of the Degree/ Qualification	Max Marks	Marks Obtained	% CGPA	Year of Passing
X / SSC*						
Inter / 10+2*						
Undergraduate*						

(* Specify Title of the Degree Awarded)

Payment Particulars :

Date of Demand Draft Issued | D | D | | M | M | | Y | Y | Y | Y | | | Amount ₹. | | | | | | |

DD No | | | | | | | | | | | | Name of the Bank | | | | | | | | | | | | | |

Name of the Branch | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Note: DD should be taken in favour of GITAM School of Gandhian Studies, GITAM payable at Visakhapatnam)

Declaration : I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. In the event of submission of incorrect or untrue information, I understand that my admission is liable for cancellation. Further I understand that my admission is purely provisional and subject to the fulfilment of the eligibility conditions. There will be no refund of Application Fee for any reason. I agree to receive communication through SMS related to admission process. I shall abide by the rules and regulations of GITAM (Deemed to be University)

SIGNATURE OF PARENT/GUARDIAN **SIGNATURE OF THE APPLICANT**

DATE

Documents Enclosed :

1. Original Demand Draft ☐ 2. Copy of 10th Pass Certificate ☐

3. Copy of 10+2 Pass Certificate ☐ 4. Copy of Degree Marks Statement if available ☐

The application and the necessary documents are to be sent by Registered Post / Courier to the following address :

The Director, GITAM School of Gandhian Studies, GITAM (Deemed to be University),

Gandhinagar Campus, Rushikonda, Visakhpatnam-530 045.

Admissions Office:

Ph : 0891-2840317

e-mail : director_sgs@gitam.edu

web:gsgs.gitam.edu