

Affix recent  
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size  
photograph

Photo should be cross signed with  
half signature on the form and  
half on the photo

For Office use only

Form No. \_\_\_\_\_

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# ADMISSION APPLICATION FORM

## Academic Year 2018 - 19

### SCHOOL OF INFORMATION TECHNOLOGY

Please complete this form in BLOCK LETTERS

1. Choose a graduation milestone: (Please tick any 1 of the following)

- B. Sc. Information Technology (3 Years)
  Master of Science Information Technology (2 Years)
- Integrated M. Sc.- Information Technology (3 + 2 Years)
  B. Sc. Information Technology (2nd Year Lateral Entry)

2. Full Name (as per 10th Std. mark sheet)

First Name	Middle Name	Surname
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3. Male  Female  Third Gender

4. Date of Birth (as per 10th Std. mark sheet - DD/MM/YYYY)

□	□	□	□	□	□	□	□
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5. Nationality

6. Blood Group

7. Category (Please submit relevant certificate)

General  OBC  SC / ST

8. Are you Differently Able? Yes / No

(if yes, kindly provide certificate from competent authority)

9. Academic Background

Level	Year of Passing	School / College	Board / University	Subjects	Aggregate Percentage
Class X					
Class XII					
Graduation					
Other					

Note: Please enclose copies of all mark sheets along with the application form.

Mention Class 12th Board Roll No: / Enrollment No: .....

For PG Course mention Roll No: / Enrollment No: of the last acquired degree .....

## 10. Complete Address

Address for Correspondence :		
City:	State:	Pin Code:
Permanent Address :		
City:	State:	Pin Code:
Home Telephone No.:	Emergency Contact Number:	
Parent's Mobile:	Parent's Email:	
Student's Mobile:	Student's Email:	

## 11. Provide details of standardised tests:

Enclose copies of the official results for completed tests

Name of Test	Date of Test	Score
CLAT / LSAT		
Other National Level Test given (Mention Name) .....		

## 12. Hobbies and Interests

1. ....	2. ....	3. ....
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## 13. Family Background

Relation	Father	Mother	Sister / Brother	Sister / Brother
Name				
Educational Qualification				
Profession				
Organization / Designation				
Annual Income				

14. Would you require on-campus accommodation during the period of your study at AURO University?  
(Tick appropriate box)

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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15. Would you require Transportation Facilities? (Tick appropriate box)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Location_ .....
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16. Mention 2 references not related to you

Reference 1:	Reference 2:
Name: .....	Name: .....
Address: .....	Address: .....
.....	.....
.....	.....
Telephone: .....	Telephone: .....
Email: .....	Email: .....
Mobile: .....	Mobile: .....

17. Statement of Purpose

This should include your interests in the chosen subject; what interests you the most about your educational pursuit and any work experience relevant to your area of study. The statement should also include details of your achievements and future plans. (minimum 35 – 50 words).

**18. Are you applying to any other Institution / University for admission?**

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, specify .....
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**19. Have you participated in any sports at School/ College/ University level? Yes / No**

If yes, please specify and attach relevant documents

District	State
National	International

**20. Declaration**

I confirm that the information provided by me is complete and true. Any information which is subsequently found to be untrue would disqualify me for further continuation in the University. I consent to the processing of my information by AURO University.

Student's Signature ..... Date .....

Parent's Signature ..... Date .....

**21. Enclosures with application (Please tick)**

- |  |  |
|--|--|
| <input type="checkbox"/> Class 10th Mark sheet                     | <input type="checkbox"/> 2 Passport size photographs   |
| <input type="checkbox"/> Class 12th Mark sheet (if available)      | <input type="checkbox"/> In case of downloaded application form, please attach Demand Draft of Rs. 2000. |
| <input type="checkbox"/> Under Graduate Mark sheet (if applicable) | For application form filled online, please pay online.   |

Please return completed application form along with enclosures to the address given below.

**Campus Address:**

Director Admissions  
AURO University  
  
Hazira Road, Opp ONGC  
Surat 394510,  
Gujarat,  
India

For any further clarification / information call us at +91 261 4088101 / 04 or email us at [admissions@aurouniversity.edu.in](mailto:admissions@aurouniversity.edu.in)

**Note:** Please note that lateral entry / academic gap / transfer students are not eligible for any form of scholarships.