

(Established by Govt. of Rajasthan,)

Daijer, Mathaniya Road, Jodhpur - 342304 Tel: 0291-3062000, Email: registrar@policeuniversity.ac.in

ADMISSION FORM

For Office Us Admission No	e only							
Enrolment No DateReceipt No		Admitted / Rejected				Photograph		
Signature of Adm	ission Incharge	Registrar				(Photo signed by the candidate)		
Course Applied								
1. Applicant's Name (Mr./Ms.)								
2. Father's Name								
3. Mother's Name								
4. Date of Birth	dd / mm /	уууу						
5. Category	Gen SC ST OBC PH	C DEF						
6. Martial Status	Married Unmar	rried						
7. Nationality								

8. Educational Qualifications:

Qualification	Institute Name / University	Major Subjects	Year of Passing	%	Div.

10. Address (Correspondence)			
11. Address (Permanent)		Mobile No	
II. Address (reinanent)			
Email-id			
12 Name and Address of Local Guardian			
<u>e</u>	_Tel. No	Mobile No	
13. Occupation of Parent : with address of Employer			
14. Annual Income of Parent:			
 15. If Income Tax Payer: Ya 16. Are you serving anywhere (if 	es No yes give details)		
	or or or other states and the states of the		
17. Have you faced any disciplinary as From Board / University, give details			
18. Have you undergone any police e litigation in court ? give details	inquiry /		
19. Is your parent in defence / defen defence killed?	ce retired /		
20. For the last five years residing at:			
21. Do you want to avail Hostel facility			

I declare that all the information submitted above are true to the best of my knowledge and I will abide by the rules and regulations of the college.

(Candidate)

I declare that all the information submitted above are true to the best of my knowledge and my annual income in the previous financial year is Rs. _____

(Parent / Guardian)