FORMAT FOR APPLICATION FOR LATERAL ENTRY ADMISSION OF 2025-26

(Note: The supporting documents/certificates are to be attached along with the application form for verification of details provided by the candidate in the form)

Personal Details:

1.	Name of the Candidate	
2.	Date of Birth	
3.	Email ID of student: (You will be intimated about the interview to this email id if selected)	
4.	Contact Number of students:	
5.	Religion	
6.	Gender	
7.	Nationality	
8.	Domicile Status	
9.	Mother Tongue	
10	. Category	5
11	. Second Language opted	×
12	. Extra-Curricular Activities	
13	. Name of Parent	
14	. Contact Number of Parent	
15	. Permanent Address	
16	. Local Address	
17	. Sports(State/National/ International Level)	
18	. Are you differently abled	
19	. If yes, Disability	
-	. Lateral Entry Applied at SJU-	
	Program and Course name	
	. Reason for Lateral Entry	
(Explain in brief)	

22. Fat	ther's Name			
23. Oc	cupation			
24. An	nual Income			
25. Em	nail			
26. Mo	obile Number			
27. Mo	other's Name			
28. Oc	cupation			
29. An	inual Income			
30. Em	nail			
31. M	obile Number			
32. Fa	mily Annual Income			
	197			
Educat	ional Qualifications (fro	om X onwards):		
SI	Study Details	Year of Passing	School/College	Marks Percentage
			School/College	Marks Percentage
SI			School/College	Marks Percentage
SI No.	Study Details	Year of Passing		
SI No.		Year of Passing		
SI No.	Study Details Copy of Certificates for	Year of Passing		
SI No.	Study Details Copy of Certificates for the Pursuing Educational	Year of Passing		
(Note: Curren Cours	Study Details Copy of Certificates for t Pursuing Educational e Name	Year of Passing		
SI No. (Note: Curren Cours Cours	Study Details Copy of Certificates for t Pursuing Educational e Name e Code/Group	Year of Passing		
SI No.	Copy of Certificates for t Pursuing Educational e Name e Code/Group	Year of Passing		
(Note: Curren Cours Cours Name	Copy of Certificates for t Pursuing Educational e Name e Code/Group te Title/Specialisation e of Institution	Year of Passing		

Semester Details:

Semester	Subject Name	Paper Title	Month of Passing	Year of Passing	Maximum Marks	Obtained Marks	Credits
					1		
Ist Semester							
			7.				
IInd							
Semester							
					-		

(Note: Copy of Certificates for the above to be attached with the application form)

DECLARATION BY THE APPLICANT AND PARENT/GUARDIAN

Ι,	Son/Daughter
of hereby s	colemnly declare that the information
provided on the application and the enclosures are t	rue and complete. I also declare that I
have read the eligibility criteria for the Lateral Entry	Admission 2025-26. I understand that I
will have to forfeit the admission and fees paid there	of if I am found to be ineligible or have
provided incorrect information in this application	
	con Colored Colored
Signature of the Parent with date	Signature of the Student with date

Note: Please email the soft copy of the forms to <u>registraroffice@sju.edu.in</u> Incomplete forms will be rejected.