

## CHECKLIST

<b>NAME:</b>	<b>ADMISSION /ENROL NO:</b>
<b>Program:</b>	<b>DATE:</b>
<b>E mail ID:</b>	<b>Mob:</b> <span style="float: right;"><b>Alt. Mob:</b></span>

**Note: Please bring the following documents to proceed further for the Counseling. Incomplete document will not be accepted.**

SL NO	PARTICULARS	REMARKS
1	Application Form (Login to <a href="https://admission.sbu.ac.in">https://admission.sbu.ac.in</a> )	
2	Offer Letter	
3	10th Passing Certificate ( Mandatory)	
4	10th Mark sheet ( Mandatory)	
5	12th Passing/Provisional Certificate( Mandatory)	
6	12th Mark sheet( Mandatory)	
7	Graduation Passing/Provisional Certificate [For PG Course] ( Mandatory)	
8	Merit Scholarship (IF Any)	
9	Graduation Mark sheet [For PG Course] ( Mandatory)	
10	Recent Character &Transfer Certificate ( <b>Original</b> ) ( Mandatory)	
11	Recent Migration Certificate ( <b>Original</b> ) ( Mandatory)	
12	Medical Certificate on Doctor's Letterhead ( <b>Original</b> ) ( Mandatory)	
13	Blood Group	
14	Fee Payment Slip ( Mandatory)	
15	Anti-Ragging Form( Mandatory)	
16	<b>ACADEMIC BANK OF CREDIT ID</b> ( Mandatory)	
17	Passport size photographs (5)	
18	NSS form	
19	Undertaking for Minimum Attendance	
20	Student Profile Form	
21	Document for OBC/SC/ST if applicable	
22	Address Proof : AADHAR/Driving License/Voter ID/Passport	
23	Cancelled Cheque (For Refundable Caution Deposit)	
	<b>Name of Faculty &amp; Signature:</b>	
	<b>Date:</b>	



## STUDENT PROFILE FORM

**Name of the Student:**

**Admission No:**

**ACADEMIC BANK OF CREDIT ID:**

**Program:**

Date of Birth:

Gender

Male / Female

Nationality:

Category:

Gen / SC / ST /  
OBC

Blood Group:

Mobile No:

WhatsApp No:

Email ID

**Father's Name:**

Occupation:

Contact No:

Email ID:

**Mother's Name:**

Occupation:

Contact No:

Email ID:

Permanent Address:

Correspondence  
Address:

**Local Guardian (if any) Name:**

Contact No:

Email ID:

-----To Be Filled By Counselor -----

**Details of Merit Scholarship**  
**10<sup>th</sup> / 12<sup>th</sup> / Graduation:**

**Percentage of Marks (%)**

**Eligible Scholarship (%)**

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**Other Scholarship**

☐ Defense (15%)

☐ Freedom Fighter (10%)

☐ BAGM Unit (25%)

☐ SBU/SBPS Student (25%)

☐ Differently Able (25%)

☐ Kashmiri Migrant (15%)

☐ Other (Please Specify \_\_\_\_\_)

**Signature of Student**

**Signature of Parents/ Guardian**



## ATTENDANCE UNDERTAKING

I, .....

S/o/D/o.Shri.....

Student of.....at Sarala Birla University,

Ranchi, do solemnly undertake, for the session .....that

1. I have understood that as per the University norms, I am required to attain 100% attendance in each semester. However, in order to meet some contingencies which are unavoidable, 25% relaxation is given and I have to attain minimum 75% attendance to be eligible to take up all internal examinations and end semester examinations conducted by University and for placement activity.

2. Even if I am required to take up or attend other career enhancement programs/exams/projects/ placement interviews along with regular classes, attendance will not fall short of 75%.

3. In case I fail to comply with the norms as mentioned above, I will be fully responsible for any punitive action or loss resulting due to my non-compliance of minimum attendance criteria.

4. I am signing this undertaking with my sound mind and under no pressure from anyone.

Date: .....

(Signature of student)

Mobile No.....

I have read and understood the contents of undertaking signed by my ward as above.

Date:

(Signature of Parents/Guardian)

Name.....

Mobile No.....

Address.....

.....



## ANNEXURE- III

### **ANTI-RAGGING FORM**

I, Mr./Ms....., S/o / D/o .....  
Admission No....., Program:..... Dept.....,  
Student of Sarala Birla University Ranchi, resident of .....  
....., do hereby undertake the following:

1. That, I am aware of the system of punishment in case of ragging to other student(s) and that incase I am found to be involved in any case of ragging, in any form whatsoever, I am liable for any punishment, including, but not limited to, the following: -

- a) Cancellation of admission;
- b) Suspension from attending classes;
- c) Withholding / Withdrawing Scholarship / Fellowship and/or any other benefits;
- d) Debarring from appearing for any test / examination and/or other evaluation process;
- e) Withholding results of any test / examination;
- f) Debarring from representing the University in any campus interview;
- g) Debarring from representing the University from attending/ participating in any national or international meet/tournament / youth festival, etc.;
- h) Suspension / expulsion from the hostel;
- i) Rustication from the University for such period as may be decided by concerned authorities;
- j) Expulsion from the University and consequent debarring from admission to any other educational institution, for such period as may be decided by concerned authorities;
- k) Imposition of fine as decided by University;
- l) Rigorous imprisonment by a Court of Law, etc

2. That, I, hereby, declare that, I am aware of the Supreme Court of India directive, as well as the prevalent laws / rules, etc., on anti-ragging, prescribed by Govt. of India and the University authorities.

3. That, I, further declare that, I fully understand the meaning of 'Ragging' and know that ragging in any form is a punishable offence and the same is banned by the Laws of the land.

4. That, I also understand that, in case I am involved in ragging, the case will be reported to the police and the law will take its own course and I will be liable for such punishment as may be deemed fit and proper by concerned authorities.

Date:

Signature of Student

Place:

[Name: ]

[Contact No- ]



## ANNEXURE- IV

### FORMAT FOR MEDICAL CERTIFICATE

(To be issued on printed Official Letter Head of a General Physician with minimum MBBS qualification)

The candidate Mr. / Ms..... son /daughter of Mr./Mrs  
.....resident of .....  
.....has been medically examined by me. He / She possesses general  
good health in all respects enabling him/her to pursue active academic studies.

The nature of disease or deficiency found during medical check or as informed by the candidate is  
mentioned hereunder:

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In my opinion, the above disease(s) / deficiencies on health grounds will not be a hindrance for  
him/her to pursue studies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

**Designation:** \_\_\_\_\_

Medical Council Regn. Number: \_\_\_\_\_

**Address and Phone Numbers:** \_\_\_\_\_

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## SARALA BIRLA UNIVERSITY, RANCHI

Established under the Sarala Birla University Act, 2017 Govt. of Jharkhand as per Section 2(f) of UGC Act, 1956

### NATIONAL SERVICE SCHEME

(Selection Form For NSS Volunteers)

1. NAME:.....
2. NAME OF THE UNIVERSITY: .....
3. NAME OF THE DEPARTMENT: .....
4. SESSION: .....
5. FATHER'S NAME: .....
6. MOTHER'S NAME: .....
7. DATE OF BIRTH: .....
8. PERMANENT ADDRESS: .....
9. PRESENT ADDRESS: .....
10. MOBILE / WHATSAPP NO: .....
11. EMAIL ID: .....





To,  
The Registrar,  
Sarala Birla University, Ranchi

**Sub: Undertaking for requisite documents not submitted or verified**

I Mr./Ms. \_\_\_\_\_ Admission No. \_\_\_\_\_

Program Name \_\_\_\_\_, I am unable to submit the below mentioned documents at present.

I undertake to submit the requisite photocopy/original documents, within specified days without fail.

I solemnly declare and inform that I fulfill all the eligibility conditions required to be met for admission for this program.

I understand that in case of failure to produce the pending document, my admission will stand cancelled and I shall have no future claim to it.

List of documents not submitted/ not verified for admission process (*refer to Checklist enclosed*).

**PS:** Last date for submission of the pending documents should not be beyond 30<sup>th</sup> September 2024.

Yours faithfully

Signature of the candidate

Date:

Signature of the Parent:  
Name of the Parent:

Date: