|           | Admission Test Roll Number:  Student ID Number:  Student Mobile Number:  |  |
|-----------|--|--|
|           |  |  |
|           |  |  |
|           |  | University, I will, by all means, abide by all decisions, rules and rity Disciplinary Code for Students, 2011. In case of any violation of apposed upon me by the EWU authority. |
|           | I accept that manufacture, distribution, possession and consumption of tobacco products, alcohol, drugs and controlled substances are strictly prohibited in East West University premises and that I may be expelled for violating this rule or for abetting violations.  |  |
|           | I agree that if I perform well, the university can use my name in all its documents or any other forms wherever relevant / required. East West University reserves the right to change its policies, curricula or any other matters and to revise its tuition and other fees as and when necessary.  |  |
|           | I also accept that withholding or hiding or distorting any information required in this application or giving false information or submitting any false / unauthentic document or evidence, shall make me ineligible for admission into East West University and if admitted, also I shall be liable to be dismissed and or disciplinary action including expulsion, cancellation of my Admission/Results/Degree (s), as the case may be |  |
| $\square$ | I hereby declare that the above statements are correct and complete to the best of my knowledge.   |  |
|           | To be filled in o  | luring Admission   |
|           | If qualified in the Admission Test, Applicants will fill in the following properly and submit a colored printout to EWU Admission Office during Admission.  The applicant will sign during admission in presence of the EWU official concerned. Guardian will sign only if father and mother are not alive.  |  |
|           |  |  |
|           | Signature of the Father/Mother/Guardian  | Signature of the Student   |
|           | Full Name (Do not use Block Letter):   | Full Name (Do not use Block Letter):   |
|           | Date:  | Date:  |
|           | For Official Use only:   |  |
|           | <ul><li>Accepted for Admission</li><li>Accepted Conditionally/Provisionally</li></ul>  | Deputy Registrar,<br>Admission Office  |

Scrutiny by & Signature of Deputy Registrar

Name of the Student:

• Not Acceptable