



Synergy Foundation's

# Synergy Group Of Institute

Approved by AICTE, UGC, Recognized by Government of Maharashtra & Affiliated to Savitribai Phule Pune University, Govt. Registration No: F-0020500(PUN)

## APPLICATION FORM

Form No.: SYN / ..... / .....

Passport  
Size  
Photo

Please help us process your application promptly by completing this form. Incomplete or incorrect information could delay the processing of your application. Please write clearly in BLOCK letters. All admissions at SYN are based on the past academic records your performance in the Institute's selection process & final merit list of SPPU University.

<b>COURSE APPLIED FOR :</b>		<b>CLASS YEAR :</b>		<b>ACADEMIC YEAR :</b>				
Full Name (Mr./Ms.)								
Date of Birth	(DD)		(MM)		(YY)		Gender (Male/Female)	
Category (General/SC/ST/OBC)		Cast		Religion				
Mobile No.						E-mail		
Present Residential Address								
Domicile		City		State		Pin		
Place Of Birth								
Permanent Residential Address								
	City		State		Pin			
Father's Name								
	Tel.					Mob.		
	E-mail				Profession			
Mother's Name								
	Tel.					Mob.		
	E-mail				Profession			
Father's/Mother's Organisation & Address								
	Tel.					E-mail		
Annual Family Income (Gross)					Nationality			

### ACADEMIC QUALIFICATIONS

Examination	Name of School/College	Location	Board/University	Year of Completion	Score
Class X					
Class XII					
Any Other					

Note: If you are awarded grades, please convert them into percentage of marks and if provided, please state the formula given for conversion.

Class XII Roll No  Marksheet No.

**EXTRA CURRICULAR ACTIVITIES / SPORTS (with details of prizes won, if any)**

Do you require hostel accommodation ?		Yes	No

Do you require educational loan ?	Yes	No

### NAMES AND FULL ADDRESSES OF THE REFERENCES

### Reference 1

## Reference 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address	
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Address	
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Telephone No.

Telephone No.

Mobile No.

Mobile No.

Email ID	
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Email ID	
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## DECLARATION BY THE APPLICANT

- (i) I declare that the particulars given above are correct to the best of my knowledge and belief.
- (ii) I solemnly affirm to agree and abide by the rules & regulations of Synergy Group Of Institutes Submit myself to disciplinary control of the Dean, Synergy Group Of Institutes and fulfill my financial obligations towards the school. I fully understand that the decision of Dean, Synergy Group Of Institutes in all matters, will be final and binding on me

Dated: \_\_\_\_\_

Place:

I hereby permit my ward \_\_\_\_\_ to join Asian School of Business and will support his/her education at the school financially and in all other manners. \_\_\_\_\_

## UNDERTAKING OF PROVIDING PROOF OF QUALIFYING EXAMINATION

I.....S/o /D/o .....  
R/o ..... have taken provisional admission at SYN,  
Pune in .....course for the academic session 20.....-20..... I hereby undertake that I will  
produce my proof of qualifying examination as required by university by ....., 20..... In case I am not  
able to produce my proof of qualifying examination by the stipulated time, my candidature may be considered null and void and I shall  
not claim any refund of fee / registration amount deposited by me.

Signature of Father / Mother / Local Guardian

Signature of the Student

## UNDERTAKING OF PROVIDING MIGRATION CERTIFICATE

I.....S/o / D/o .....  
R/o ..... have taken provisional admission at SYN,  
Pune in .....course for the academic session 20.....-20..... I Promise to submit my migration  
certificate on or before (date).....20..... In case of non-submission of the migration certificate by (date).....  
.....20..... my candidature may be considered null and void and I shall not claim any refund of fee deposited by me.

Signature of Father / Mother / Local Guardian

Signature of the Student

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# HEALTH CERTIFICATE

## MEDICAL INFORMATION MUST BE SUBMITTED WITH THE APPLICATION FOR ADMISSION

(All Information is confidential and will be used only to determine whether the applicant is able to safely handle the demands of the teaching and training)

Name (Block Letters) Mr./ Ms  Date of Birth

Present Residential Address

Telephone No.(s) (Mobile)  (Landline)

### Person to be notified in an emergency

Name (Block Letters) Mr./ Ms

Present Residential Address

Telephone No.(s) (Mobile)  (Landline)

Relationship with the applicant

### Family Doctor or Clinic, if any, to be consulted in an emergency

Name (Block Letters) Mr./ Ms

Present Residential Address

Telephone No.(s) (Mobile)  (Landline)

Is the applicant covered by any medical insurance scheme? If so, give details

Signature of the applicant

### THIS SECTION TO BE COMPLETED BY APPLICANT'S PHYSICIAN

Note : Physical and emotional strains in the profession and its education and training make it essential that specific replies to the following questions are given:

	YES	NO	
1. Does the applicant require or take any medication(s) or drug(s) regularly? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	I have examined Mr./Ms. <input type="text"/> on <input type="text"/> and found the general condition of health to be <input type="text"/>
2. Does the applicant have any serious disability of: (a) Vision. If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Name of the Physician <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address <input type="text"/>
(b) Hearing. If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Regn. No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tel No. (Clinic) <input type="text"/> (Mob.) <input type="text"/>
3. Has the applicant ever been treated or hospitalised for drug abuse or emotional or psychological illness? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Place & Date <input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Does the applicant have any condition which might limit participation in the physically active classes? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signature of the Physician <input type="text"/> Official Seal <input type="text"/>

**How did you learn about the course for which you are applying ? (Please tick whichever is applicable)**

Family ☐

Friend ☐

Educational Institute ☐

Newspaper ☐

Website ☐

Hoardings ☐

Name of Newspaper

Other Source (please specify)

**CHECK LIST OF DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FOR ADMISSION** (Please Tick)

☐

Aadhar card

☐

Migration Certificate

☐

10th Marksheet

☐

Passport size photographs

☐

Transfer certificate from your school

☐

12th Marksheet

☐

Character Certificate

☐

XII Result

☐

Provisional Certificate

☐

Caste Certificate

☐

Domicile Certificate

☐

High School Diploma

☐

10th Class memo

☐

Bank A/C Detail

☐

10th Result

☐

Income Certificate

☐

Graduation Marksheet

☐

Nationality certificate

☐

Academic transcripts

☐

Birth certificate

☐

CV

☐

Jee marks sheet

☐

NEET admit card

☐

Passing certificate

Please return Complete Application Form Along with a Demand Draft of 1000/- as application fee drawn in favor of "Synergy Foundation" payable at Pune address to

**Synergy Group of Institute**

**J DANGAT EMPIRE BUILDING**

**1st Floor Service Rd, Warje, Pune - 411058**

After your application has been received, it will be processed within 7 working days by the admissions committee of "Synergy Group of Institute"

*For Office use only :*

Counselor's Name :

Remarks :



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☎ 020-27451555  
083-27451555

☎ +91 83274 51555

✉ [www.synergyinstitutes.com](http://www.synergyinstitutes.com)

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1st Floor Service Rd,  
Warje, Pune - 411058