

**Lala Lajpat Rai University of Veterinary and Animal Sciences (LUVAS), Hisar**  
**Admission form for M.Tech. Programme 2025-26 (Semester-II) to be submitted**  
**offline**

**Programme in which you want to seek admission: M.Tech.**

Photo of Candidate  
with name and date  
of taking photo

Size 2" x 2" (Taken on  
or after 01.04.2025),  
80% face coverage,  
ears clearly visible,  
background white

1. Name of the candidate (In Block Letters) : .....
2. Aadhar No. : .....
3. Parivar Pehchan Patra (Family ID) No. :.....  
(For availing benefit(s) of Haryana Govt. Schemes)
4. Father's Name (In Block Letters) : .....
5. Mother's Name (In Block Letters) : .....
6. Date of Birth : .....
7. Father's/Guardian occupation : .....
8. Gender: .....
9. Nationality: .....
10. Category: .....
11. Religion: .....
12. Domicile: .....
13. E-mail: .....
14. In service: (Yes/No) ..... .....
15. Address of employment.....
16. Total Annual Income of Family 2024-25 (as on or after 01.04.2025 as per Income Certificate):.....

17. Address (In Block Letters)

Permanent Address	Correspondence Address
Address	Address
District	District
Pin	Pin
Mobile No.	Mobile No.

**18. Education Details:**

S.No.	Examination Level	10 <sup>th</sup>	10+2/Equivalent	B.Tech. (Dairy Technology)
1.	Board/University			
2.	School/ College			
3.	Year			
4.	Roll No. / Admission No.			
5.	OGPA/Percentage			
6.	Subject(s)			

19. Institutional Weightage Claimed : Yes/No, If Yes % of marks claimed.....

20. NCC Certificate 'B', 'C' etc. : Yes / No, If yes % of marks claimed.....

21. Sports/CCA Weightage Claimed : Yes/No, if yes % of marks claimed.....

22. Found guilty in any examination or in a criminal case? Yes/ No. ....

Give details (if yes)

23. Any criminal case pending in a court of law? Yes/ No. ....

Give details (if yes)

24. Payment Details: Bank draft should be in favour of **Registrar, LUVAS, Hisar payable at Hisar.**

**Bank Draft No..... Date of issue..... Name of Bank.....**

**Amount .....**

**Declaration:**

- (1) I declare that the informations furnished in the form are correct to the best of my knowledge and belief. I am conscious that if any certificate/document submitted for admission by me found fake/incorrect, my admission is liable to be cancelled during my degree programme. I also certify that to the best of my knowledge, I fulfill the eligibility conditions for the course for which I am applying for admission.
- (2) I shall abide by the rules and regulations of discipline and good conduct which may be framed in this regard by the university from time to time.
- (3) I shall not indulge in the act of ragging. If found to have been involved in such an act, my admission shall be liable to the cancelled besides any penal action under the law.

Yes, I agree to the above terms & conditions and those mentioned in the Prospectus 2025-26 of **Lala Lajpat Rai University of Veterinary and Animal Sciences, Hisar (Haryana)**

Signature of the Applicant

## FOR OFFICE USE

**Note: Applicant should use black or blue ink for signature at the day of Counselling**

Signature of the candidate at the time of Counselling		Thumb impression of the candidate to be marked at the time of Counselling (Male left thumb/ Female right thumb)	
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**Check List of documents to be attached with the admission form and brought at the time of Counselling along-with original for all category of candidates:**

1. Photocopy of Matriculation.
2. 10+2 Certificate.
3. B.Tech. (Dairy Technology) degree and marks sheets & Internship.
4. Character Certificate from the Institute last attended.
5. NCC/Sports/CCA certificates for weightage, if any.
6. Gap undertaking, if any.
7. Certificate by the candidates of BCA/BCB categories along with latest income certificate.
8. Certificate by the candidates of SC/DSC categories, if applicable.
9. Haryana Resident Certificate, if applicable.
10. Two coloured photographs similar to the photo pasted on the admission form.
11. Income and Asset Certificate as applicable.
12. Aadhar card.
13. Parivar Pehchan Patra (family ID).

**Note: 1. All the documents including photocopies of the certificates must be self-attested.**

**Note: 2. The documents/certificates attached with the admission form will only be considered for the weightage.**

### IMPORTANT:

1. Last date of submission of Admission Form **in the O/o Dean, Post Graduate Studies, Lala Lajpat Rai University of Veterinary and Animal Sciences (LUVAS), Hisar (Haryana) 125004:**
  - (i) Without late fee: **06.04.2026**
  - (ii) With late fee of Rs.1000/-: **10.04.2026**
2. BCA/BCB candidates must produce category certificate along with latest Income Certificate issued by the competent authority as **on or after 01.04.2025** at the time of counselling otherwise their candidature for admission will not be considered. However, the candidate who possess a valid category certificate issued **on or after 01.04.2025**, indicating non-creamy layer status are not required to upload or produce a separate income certificate.
3. Failure of production of original certificates/documents at the time of Counselling will debar the candidate from admission.

**(MEDICAL FITNESS CERTIFICATE TO BE BROUGHT AT THE TIME OF COUNSELLING)**

**LALA LAJPAT RAI UNIVERSITY OF VETERINARY AND ANIMAL SCIENCES, HISAR**

College of .....

Name ..... Age & Gender.....

Father's Name..... Date and Place of Birth.....

Home Address.....

..... Contact/Mobile Number.....

Passport size  
Photo of the  
candidate to be  
attested by  
Medical Officer

Height

Deformities

Weight

Vision } L.E.  
Without }  
Glass } R.E.

Vision } L.E.  
With }  
Glass } R.E.

Varicose Veins

Piles

Pulse

CHEST  
Inspiration  
Expiration

Skin  
E.N.T.

Heart

B.P.

General } Good  
Development } Fair  
                  } Poor

Liver

Vaccination

Spleen

Herneal Sites

Signature of Candidate/Student

MEDICAL OFFICER

**MEDICAL FITNESS CERTIFICATE FOR ADMISSION**

Mr./Ms..... Son/Daughter/Wife of Sh. ....

a candidate for admission in **Lala Lajpat Rai University of Veterinary and Animal Sciences (LUVAS), Hisar** is **Fit/Unfit** for Admission.

MEDICAL OFFICER

Name: .....

Medical Council

Designation: .....

Registration No. \_\_\_\_\_

Contact Number.....