



सुदामा देवी महिला महाविद्यालय चन्दीली

Session : 20..... / 20.....

Scholar No.

Photo

(सभी प्रविष्टियाँ अंग्रेजी के बड़े अक्षरों में साफ-साफ भरें)

Course Applied for :

कक्षा जिसमें प्रवेश लिया गया Year/Sem.

Name (नाम) : Mr./Km./Mrs.....

Father's Name : Mr.

Mother's Name : Mrs.

Date of Birth (जन्मतिथि) शब्दों में.....

Contact No. (सम्पर्क सूत्र)

जाति धर्म.....

Address (पता) : Vill./Moh. Post.....

Distt.....State..... Pin Code.....

Qualification (योग्यता) :

CLASS	SCHOOL	BOARD	YEAR	%AGE
High School (10th)				
Intermediate (10+2)				
Graduation (10+2+3)				
Others				

DECLARATION

I hereby declare that all information provided also are true to my best of knowledge. If any above information will be found false or incorrect. I shall be responsible and my candidature can be rejected.

Student's Signature