

CENTER FOR COMPUTER STUDIES



DEBRAJ ROY COLLEGE,

Golaghat - 785621

043

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Application for Admission into the

Course Session.

1. Applicant's Name in Full (BLOCK CAPITALS):

Last Name Mr. /Miss. /Mrs. First Name

2. Father's Name:

3. Mother's Name :

4. Father's /Guardian's (if father is dead) Name, Occupation and Address:

Name

Occupation

Address

5. Permanent Home Address

Phone

6. Address for correspondence

Phone

7. Date of Birth : Day

Month

Year

8. Nationality

9. Sex : Male Female

10. Marital Status : Married Unmarried

11. Community:

SC

ST(P)

ST(H)

OBC/MOBC

General

12. Religion :

13. Where to reside ?

At Home

Hostel

Outside

14. Are you employed ?

Yes

No

(If yes, submit no objection certificate form the employer)



15. Are you on deputation? Yes No if yes, name of the School /College / Department / Organisation

16. Name and Registration Number of the University / Board / Institution where registered last :

17. Educational Qualification starting from H.S.L.C. or equivalent:
(Attach attested copies of mark sheets and certificates of all examinations)

Examination Passed	Board/ Council/ University	Roll No	Year of Passing	Division/ Class	Percentage of Marks	Subjects Taken
10th Standard						
10+2						
10+2+3						

18. Academic distinction/ medals /prizes / scholarships, if any (Attach certificate)

19. Any Extracurricular Activities (Mention the activities and furnish testimonials)

20. Are you physically handicapped? Yes No (If yes, attach certificate from the competent authority)

21. Are you undergoing any course of study at present? If yes, please stat :

Course:

Session:

Institution:

Undertaking to be signed by the applicant :

I declare that the information given above are true and complete to the best of my Knowledge and belief and if any of them is found to be incorrect, my admission shall be liable to be cancelled and I shall be liable to such other disciplinary action as may be decided upon by the College.

Date:

Full signature of the applicant

For Office Use Only

Selected Provisionally Under

1. General Merit List, Remarks :
2. Statutory Reserved Quota
3. Other Reserved Quota

Rejected

Chairman, Admission Committee

Co-ordinator, CCS



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SUMMARY SHEET of Application for Admission into the

043

Course Session.

1. Applicant's Name in Full (BLOCK CAPITALS):

Last Name

Mr. /Miss. /Mrs.

First Name

2. Whether hostel accommodation required (please tick appropriate box) : Yes No

3. Date of Birth : Day Month Year

4. Registration No. Year University

5. a) Caste: SC ST(P) ST(H) OBC/MOBC Others b) Sub-Caste
(please tick appropriate box)

6. Particulars of Father /Husband/Guardian (Relation)

Name Phone No.

Address P.O.

District State PIN

7. Permanent Home Address

P.O. District PIN

8. Particulars of Local Guardian Relation :

Name Phone No.

Address P.O. PIN

9. Examination Passed (Beginning from H.S.L.C. or equivalent)

Name of Examination	University / Board / Council	Roll No	Year of Passing	Division/ Class	% of Marks

10. If employed, give particulars here

Date: _____ Full signature of the applicant

(For Office Use Only)

Student No. : _____
Admitted : _____
Date of Admission : _____

Co-ordinator,
Centre for Computer Studies