

Marathwada Shikshan Prasarak Mandal's
Arts, Commerce And Science College, Kille-Dharur

(A ffiliated to Dr. Babasaheb Ambedkar Marathwada University, Aurangabad)
 Dist. Beed. M.S.-431 124 Website : killedharurcollege.org.in

Phone 02445-274129 Fax : 02445-274129 E-mail : prinacs@rediffmail.com

Course Admitted :

From No.:

Date :

Student's Signature
 (Within box black ink)

College Code

College ID

Student
 Photograph

- Note : 1. Please Use black ink to fill up to from & don't overwrite
 2. Please fill in all fields in CAPITAL letters only.
 3. Please strike off whichever not applicable.

1. Personal Information Section

	Last Name	First Name	Middle Name
Name of the student (In case of changed name write current name)			
Father's/Husband's Name			
Mother's Name			
Previous Name of the Student (If changed)			

Reason for name change : Willingle / After Marriage	Gender : Male /Female :
Marital Status : Unmarried / Married / Divorced /Widowed / Desertedd	Blood Group :
Date of birth : / /	Place of birth :
Religion	Citizen :

Address for Correspondence :

State	District	Town/Village	Area	House Name/No.	PIN Code

Permanent Address : (Write if different than address for correspondence)

State	District	Town/Village	Area	House Name/No.	PIN Code

Contact Details :

Phone No. (With STD Code)	Mobile	E-mail ID

2. Legal Reservation Information Section

Cast	Category : Open/Reserved	If Reserved : SC/ST/NT(A)NT(B)NT(C)/NT(D)/OBC/SBC
Domicile of State	Sub Cast	If physically challenged : Visually Impaired/Speech or Hearing impaired/ Orthopadic Disorder or Mentally Retarded

3. Social Reservation information Section (Check (✓) whichever is applicable, Write name of the supporting document attached)

Ex-servicemen /Ward of Ex-servicemen	Member of project Affected family
Active Service men / Ward of active service men	Member of flood/Famine affected family
Ward of primary teacher	Resident of tribal area
Ward of Secondary teacher	Kashmir migrant
Deserted /Divorced / Widowed woman	Member of Earthquake affected family

Occupation of the Guardian : Service / Business / Profession / Farmer / Labourer/ Retired

Annual Income of the Guardian : Rs. _____

4. Educational Details Section (Write 'YES' in last column, against the qualifying examination on basis of which you are seeking admission and write no in front of other examination)

Name of the Exam.	Name of Board/ University	Name of School/ College	Date of passing (D/M/Y)	Examination Seat No. (Last)	Passing Certificate No.	Grade/Total Marks Obtained	Out of	Qualifying Exam.
S.S.C.								
H.S.C.								

5. Selected /Opted papers Section (Write paper Code only in the boxes)

1.	2.	3.	4.	5.
6.	7.	8.	9.	10.

6. Attached /Opted papers Section (Write paper Code only in the boxes)

Sr. No.	Name of Documents/ Certificate	Original /Attested Copy	attached Yes / No

7. Other Information Section

Mother Tongue	Employed / Unemployed	Do you wish to join NCC Yes/ No
Hobbies		Do you wish to join NSs Yes/ No

8. Declaration by Students :

I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that in absence of any document the final admission will not be granted or admission will stand cancel.

Place :

Date :

Signature of the Student

9. Declaration by guardian :

I have permitted my son/ Daughter /Ward to join your college. The information supplied by him is correct to the best of my knowledge. I have acquainted myself with the rules & fees, dues to my son/ daughter/ ward and to see that he/she observes.

Place :

Date :

Signature of the guardian

10. For office use only :

Designation
Admission Committee Member
Admission Committee Chairman
Admission Clerk

Office Superintendent

Principal