

Mobile 9414857959

OM SHIV SANSTHAN COLLEGE SAGWADIYA, NIMBAHERA

DISTT.CHITTORGARH(RAJ.)

ADMISSION FORM

Session 20-----

YEAR-

Course : B.A. ☐ B.Sc. ☐

Date:-

Name : _____

Father's Name : _____

Mother's Name : _____

Date of Birth

Occupation (F) : _____ Annual income : _____

Subject (I) (II) (III)

Gender : Male ☐ Female ☐

Adhar card number

Marital Status : Married ☐ unmarried ☐

Mobile No. 01.Self 02. Father

E-MAIL - _____

Permanent Address				Correspondence			
House No./ Area-				House No./ Area-			
Village				Village			
City /Block/panchayat				City /Block/panchayat			
Tehsil				Tehsil			
District		State		District		State	
Post office		pin code		Post office		pin code	
Cast	:	Gen. <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/>	SBC <input type="checkbox"/>	
Sub. Cast	:	minority <input type="checkbox"/>	widow <input type="checkbox"/>	Divorce <input type="checkbox"/>	P. Handicapped <input type="checkbox"/>		
Faculty	:	Science <input type="checkbox"/>	Arts <input type="checkbox"/>	Commerce <input type="checkbox"/>	Other <input type="checkbox"/>		
Medium	:	Hindi <input type="checkbox"/>	English <input type="checkbox"/>				
BPL	:	yes <input type="checkbox"/>	No <input type="checkbox"/>				

Education Details

Classs	Year	Subject	School/college	Board/Uni.	Max marks	Marks obt.	%
X							
XII							
Any other							

Signature of Candidate