



S.S. EDUCATIONAL INSTITUTE

Affiliated to Dr. Bhimrao Ambedkar University, Agra

Recognised by NCTE, New Delhi

12-Mile Stone, Agra-Jagner Road, Vill. Gamari, Post Malpura, Tehsil & Distt. AGRA-282001

Registration No.....

S.R. No.....

Web Registration No.....

ADMISSION FORM SESSION - 20 - 20

Course applied for

(a) Subject - A Foundation Course 1.....

2.....3.....

Compulsory Subjects : 1.....

2.....3.....

Name (in Hindi).....

Name (In ENGLISH)

Father's Name Occupation.....

Mother's Name Occupation.....

Date of Birth Age

In Word.....

Sex M F T

Aadhar Card No..... Date.....

Caste Certificate No..... Date.....

Income Certificate No..... Date.....

Residential Proof No..... Date.....

Transfer Certificate No..... Date.....

Occupation.....

Annual Income.....

Nationality.....

Category Gen OBC SC ST OTHER Caste.....

Present Address.....

Permanent Address.....

Father's Mobile No.....

Student's Mobile No.....

DETAILS OF QUALIFICATION

| Class | Subject | Name of School | Name of Board/ University | Year of Passing | Obtained Marks | Total Marks | Percentage |
|--------------|---------|----------------|---------------------------|-----------------|----------------|-------------|------------|
| High School | | | | | | | |
| Intermediate | | | | | | | |
| Graduation | | | | | | | |
| Other | | | | | | | |

Achievement / Interest.....
.....
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REFERENCES :-

No. of Documents Attached..... No. of Photographs Attached.....
any Special claims for Admission e.g. destitute/Orphan/Divorced/Window etc.....
Attached Documentary Evidence.....
Amount of Fee Paid by MO/DD/Cash Rs.....
DD No./Receipt No..... Dated.....
On PO/Bank.....

STUDENT DECLARATION :-

I solemnly declare that the above mentioned information is correct. I shall maintain discipline and good Moral conduct and abide by the rules of the Institute/Department and also the University. In the event of my false statement or indiscipline or misconduct or irregular attendance or unsatisfactory performance in examination, seminars, tutorials and co-curricular activities, I shall be liable for removal from the course/institute altogether and for such other punishment as may deem proper. I clearly understand that the fee once paid is neither refundable nor adjustable to any person or course in any circumstances.

Place :

Date :

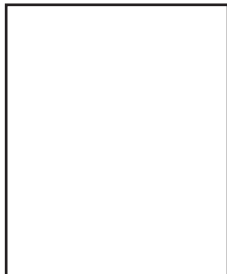
Name of the Candidate/Signature

Signature of Parents / Guardian
(in front of HOD)

Name :

FOR OFFICIAL USE ONLY

Name of Candidate.....
Admitted in the Courses.....
Date of Admission.....
Roll No. Allotted.....
Identity Card.....
Due's.....



HOD Sign.

Principal Sign.

Registration from No.....

Date :