ADMISSION FORM

REGISTRATION No. (For office use) | | | | | | | | | | |

Form No.

Affix a self attested passport size colour photograph here

www.aishwaryacollege.org

AISHWARYA COLLEGE

Adarsh Nagar, University Road, Udaipur [Rajasthan] Tel . 0294 –2471965, 2471966

(PLEASE FILL THE FORM IN BLOCK LETTERS)

Course Applied For | | | | | | **Department** | | | | | |

1. Name of the Applicant (in English) | | | | | | | | | | | | | | | | | | | | |

(As per high school/Senior Secondary Certificate) (in Hindi) _____

2. Date of Birth (as per High School/Sr. Secondary Certificate) | | DD | | | MM | | | YY

3. Address for correspondence _____

_____

_____Tele : _____Cell_____

_____Email _____

4. Permanent Address (full) _____

_____

_____PIN_____

_____Tele : _____

Email (if any) _____

5. Category (Please Tick) : | GEN | SC | ST | OBC | PH | OTHERS |

(Attach the certificate if SC/ST/OBC)

6. Education Qualification

Examination	Passing Year	Board/University	Aggregate %	Main Subjects
Secondary (X)				
Higher Secondary (XII)				
Graduation				
Other Degree / Certificate				

(Note : Please attach attested photocopies of all the certificates/mark sheets as said above)

7. Father's Name : _____ Occupation : _____
Cell _____ Email : _____
Annual Income _____

8. Mother's Name : _____ Occupation : _____
Cell _____ Email : _____
Annual Income _____

9. Personal Information: Achievements _____
Hobbies_____
Passport No. (if any) _____ Voter ID No. _____
License No. _____

10. Health Details:
Height _____ Feet ___ Inches Weight _____ Kg. Blood Group _____
Complexion Fair / Wheatish / Dark Disease, if any _____
Allergy, if any _____ Birth Mark _____

11. Reason for choosing the course _____

12. **References of Relatives (Two)**
a) Name :_____ Relation : _____
Qualification _____ Occupation : _____
Work Place _____ Monthly Income _____
Contact No. _____ (O) _____ (R) _____(M)

b) Name :_____ Relation : _____
Qualification _____ Occupation : _____
Work Place _____ Monthly Income _____
Contact No. _____ (O) _____ (R) _____(M)

13. Conveyance Mode : Own / College Bus
Vehicle Type : _____ Vehicle No. : _____

CHECK LIST

1.	All the entries through column No. 1 to 13 are correctly filled.	Yes /No
2.	Photograph is pasted and duly signed by the applicant	Yes /No
3.	Signature done at all the places.	Yes /No
4.	4 Photographs are attached along with the admission form	Yes /No
5.	Declaration signed by both the candidate and parent/guardian	Yes /No
6.	Subject combination is chosen properly (if applicable)	Yes /No
7.	All required documents are attached along with their attested Xerox copies	Yes /No
8.	Name of the course has been filled properly	Yes /No
9.	Undertakings have been filled properly (if applicable)	Yes /No

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FOR OFFICE USE ONLY

Admission Granted for_____

Admission Rejected due to _____

Student Eligible -Yes / No Course Transferred to _____ New Form No. _____

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Signature & Stamp of the Accountant Signature of the Admission In-charge