Sl. No. Form No.

M.A. SEMESTER ADMISSION FORM
BIKALI COLLEGE, DHUPDHARA
SESSION: 2022-2023

Stream: _____M.A._____ Semester: 2nd /4th:_____Batch:_____

1. Name of the Applicant (In Capital Letters) :_____

2. Father's Name (In Capital letters) :_____

3. Mother's Name (In Capital letters) :_____

4. Guardian's Name :_____

5. Present address:
Vill:_____ P.O.:_____ P.S.:_____

Dist.:_____ State:_____ Pin Code:_____

6. Occupation:_____

7. Mobile Number:_____

8. Age of the applicant as on 1st of March, 2022 Year:_____Months:_____Days:_____

9. (a) Nationality :_____ (b) Religion: _____

10.(a)Male/Female:_____ (b) Married/Unmarried: _____

11. Name of the last Examination appeared with Semester :_____

Batch:_____Roll :_____ No.:_____ Grade Point :_____

12. Mention whether ST/SC/OBC/General: _____

13. Name of the College last attended with year :_____

14. Documents Enclosed:- a) Attested copy of Registration Certificate.
b) Attested copy of Gradesheet.
c) Attested copy of Admit Card.

I hereby declare that the above statements are true to the best of my knowledge and I am liable to any punishment by the College authority for any wrong statement made by me. As a student I shall not resort to any act of indiscipline or indulge in any misconduct undermining the academic or administrative interests of the College.

Signature of Guardian:
Date:
Place :

Signature of the Applicant
Date:
Place:

FOR OFFICE USE ONLY

Name of the applicant:_____ Registration No. :_____	Batch:_____ Class :_____ Roll: _____ No. : _____

The particulars of the applicant are verified and found correct. He/She is allowed to get himself/herself admitted into as desired.

Seal

Signature of the Principal

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