### Girdari Lal Dogra Memorial Degree College Hiranagar

S	No.	
υ.	TAO.	

# ADMISSION FORM Academic Session (2020-21) B.A/ B.Sc Semester-III

Photograph to be pasted

						Sign. of Stud	dent	
U	niv.Reg	.No		-		ollege Roll N o be Filled in b		
1.	Name o	of the Can	didate (in Bloc	k letters)				
2.	Father'	s /Guardia	n's Name					
3.	Father's	s/Guardia	n's Occupatior	1				
4.	Monthly	y Income o	of Father/Guar	dian				
5.	Permar	nent Addre	ess :- Village/\	Ward No			Гehsil	
	District		State	/UT		Mobile N	0	
6.	Presen	t Address	:- Village/War	d No		Te	hsil	
	District		State	/UT		Mobile N	0	
7.	Email le	d of stude	nt					
8.	Are you	u a Domici	le of JK UT? Y	′es/No				
9.	Date of	Birth in F	igure:					
			e/Trans-Gend					
				•				
	_	nic Record						
Exa		Year of Passing	Exam Roll No.	University /Board	Marks Secured	% age of Marks	School /College Last Attended	Subjects Taken
14.	Subject	t to be allo	tted 1		2			
			3		4			
			5. Skill C	Course:- Opte	ed	Alloted	d	

#### **Declaration of the student**

I solemnly undertake to obey all the rules and regulations of the college and the instructions issued from time to time by the Principal, I know that any breath of rules may render me liable to disciplinary action. I undertake to attend the minimum number of lectures (both in theory & Practical's) required under statutory rules of the university to eligible for the university examination .I further undertake not to apply for change of subjects after the admission.

Signature of Student

		Signature of Student
Declaration of Father's /Guar	<u>dian</u>	
1	Fath	ner/ Guardian of
Resident of	at my son /daughte tructions that will issu	r/ward will obey all rules and ue by the Principal from time to
	5	Signature of Father /Guardian
Particulars of the applicant have be	en verified from ori	ginal documents and he/she is
found eligible for provisional admissi	on to Sem-III for aca	ademic session 2020-21.
Remarks / Deficiency (if any)		
Date of Provisional Admission		
(Sign. of Members of Admission Commit	<u>tee)</u>	
12	3	4
Convenor Admission Committee		
		Principal
<u>Fc</u>	or Office Use	
Received Rs	.in words	
Under college Receipt No	Dat	te:

## Girdari Lal Dogra Memorial Degree College <u>Hiranagar</u>

S.	No.	

#### **LIBRARY FORM**

(To be submitted along with the admission form (Academic Session (2020-21)

B.A/ B.Sc Semester-III

Photograph to be pasted

Ur	niv.Reg.No	College Roll No(To be Filled in by the Office
1.	Name of the Candidate (in Block letters	
2.	Father's (in block letter)/Guardian's Name	
3.	Date of Birth in Figure:in w	ords
4.	Monthly Income of Father/Guardian	
5.	Permanent Address	
	Telephone No	Mobile No
6.	Present Address	
	Telephone No	Mobile No
7.	Category if any	
8.	Sex (Male/Female/ Trans Gender)	
9.	Are you a State Subject /Domicile) Yes/No	
10.	Subjects:	
	1	4
	5. Skill Course:-	

**Identity Card Issued** 

**Chief Librarian /Incharge Library Affairs** 

### GIRDARI LAL DOGRA MEMORIAL DEGREE COLLEGE HIRANAGAR PERSONAL ACCIDENT INSURANCE COVER TO STUDENT (2020-21)

	Personal details of the Stud	dents to be submitted with Admission Form
a)	Name of the Student	Blood Group
<b>o</b> )	Parentage:	
<b>:</b> )	Class / Semester :	
(k	Date of Birth:	
∋)		
·)		elation with insured :
3)	Email Id :	Mobile No
		Signature of the Stud
<u>(</u>		
lo	PERSONAL ACCIDENT IN	SURANCE COVER TO STUDENT (2020-21)
- [0 P	PERSONAL ACCIDENT IN ersonal details of the Studen	SURANCE COVER TO STUDENT (2020-21) ts to be submitted with Admission Form
To P	PERSONAL ACCIDENT IN  ersonal details of the Studen  Name of the Student	ts to be submitted with Admission Form
	PERSONAL ACCIDENT IN  ersonal details of the Studen  Name of the Student	SURANCE COVER TO STUDENT (2020-21)  ts to be submitted with Admission FormBlood Group
To Pa)	PERSONAL ACCIDENT IN  ersonal details of the Studen  Name of the Student  Parentage:  Class / Semester :	ts to be submitted with Admission FormBlood Group
[o P i) );)	PERSONAL ACCIDENT IN  ersonal details of the Studen  Name of the Student  Parentage:  Class / Semester :  Date of Birth:	ts to be submitted with Admission FormBlood Group
No P (a) (b) (d)	PERSONAL ACCIDENT IN  Personal details of the Student  Name of the Student  Parentage:  Class / Semester :  Date of Birth:  Residential Address:	SURANCE COVER TO STUDENT (2020-21)  ts to be submitted with Admission FormBlood Group