SHRI SHIVAJI ART'S, COMMERCE & SCIENCE COLLEGE, AKOT

ADMISSION FORM

CAREER ORIENTED PROGRAMME

SESSION: 20 20

PHOTO

Name of Course: _____

_____

Name of Student: ----------

Date of Birth: ----------

Class: ---------- Semester: ---------- Blood group: ----------

Fathers Name: ----------

Fathers Education: ---------- Occupation: ----------

Annual Income: ----------

Caste: ---------- Category: ----------

Address for Correspondence: ----------

Permanent Address: ----------

Contact Number: ----------

Subjects: 1) ---------- 2) ---------- 3) ----------

4) ---------- 5) ---------- 6) ----------

Percentage in 12th Examination: ---------- Division/Class: ----------

Subjects 12 th Class: 1) ---------- 2) ---------- 3) ----------

4) ---------- 5) ---------- 6) ----------

Student sign