

RESIDUAL SEATS ADMISSION FORM – B.SC H&HA 2023-24

- 1) Name of applicant: _____
(as per Secondary Certificate)
- 2) Father's Name: _____
(as per Secondary Certificate)
- 3) Mother's Name: _____
(as per Secondary Certificate)
- 4) Category (Please tick)
- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| GEN | EWS | OBC | SC | ST | PwD |
- 5) Date of Birth: _____
(as given in the Secondary School Certificate issued by the Board)
- | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| (Date) | | (Month) | | (Year) | | | |
- 7) Gender:
- | | | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Male) | (Female) | (Others) |
- 8) Marks obtained in 10+2 or equivalent examination (English + best of 4 subjects):

S.No.	Subject	Max. Marks	Marks Obtained	% of Marks	Year of Passing	Name of Board
1.	English					
2.						
3.						
4.						
5.						
Total:						

- 9) Hostel required (please tick): Yes No
(if available)
- 10) Enclosed attested copies of testimonials: 10th 10+2 or equivalent Category certificate (If any)
(scanned copies) (please tick)

9) Payment details:

Payment Mode	Transaction No. / Receipt No.	Amount Rs.	Date of Payment
Cash / Online / DD			

Affirmation / Declaration

That above particulars are true to the best of my knowledge and belief. I will submit proof of the same on the date of physical reporting at the Institute.

(Signature of the Candidate)

Correspondence Address: _____

Date:

Place: Candidate Mobile: _____ e-mail: _____

Parents Mobile No: _____ e-mail: _____

Please enclose the attested copies of scanned copies of testimonial