



PARSHVNATH COLLEGE OF EDUCATION

VILLAGE KUCHAWALI, KANTH ROAD, MOTRADABAD

PH: 0591-2940009, FAX: 0591-2450295

Application Form

PASSPORT
SIZE
PHOTO

SIGNATURE OF STUDENT
BELOW

FORM NO.:

ACADEMIC SESSION:

NAME OF CANDIDATE:

(IN ENGLISH)

(IN HINDI).....

DATE OF BIRTH: GENDER (M/F): CATEGORY (GEN./OBC/ ST/SC/Oth.)

FATHER'S NAME (IN ENGLISH)

(IN HINDI)

MOTHER'S NAME (IN ENGLISH)

(IN HINDI)

RESIDENCE STATUS: BLOOD GROUP:

(VILLAGE/TOWN/CITY)

PARENTS OCCUPATION: FATHER: MOTHER:.....

PARENTS EDUCATION: FATHER: MOTHER:

STATE OF DOMICILE:

MOTHER TOUNGUE: RELIGION: NATIONALITY:

MINORITY STATUS (IF APPLICABLE, TICK THE APPROPRIATE)

Jain/Sikh/Muslim/Christian/Buddhist/Parsi/or any other

PERMANENT ADDRESS:

DISTT.: PIN:

STATE: COUNTRY:

CORRESPONDENCE ADDRESS:

DISTT.: PIN:

STATE: COUNTRY:

STUDENT CONTACTS:

TELEPHONE NO:

MOBILE NO:

E-MAIL:

PARENTS CONTACTS:

TELEPHONE NO:

MOBILE NO:

E-MAIL:

HOBBIES & EXTRA CURRICULAR ACTIVITIES:

.....
.....

WORK EXPERIENCE (IF ANY):

ORGANISATION: EXPERINCE (YRS):

UNDERTAKING:

I SOLEMNLY AFFIRM THAT THE INFORMATION FURNISHED ABOVE IS TRUE AND CORRECT IN ALL RESPECT. I HAVE NOT CONCEALED ANY INFORMATION. I UNDERTAKE THAT IF ANY INFORMATION FURNISHED HEREIN IS FOUND TO BE INCORRECT OR UNTRUE, I SHALL BE LIABLE TO CRIMINAL PRASECUTION AND ALSO FORGO MY CLAIM TO ADMISSION TO THE COLLEGE. FURTHER, MY CANDIDATE FOR THE EXAMINATION/ADMISSION TO THE PROGRAM SHALL BE LIABLE FOR CANCELLATION AT ANY STAGE. I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COLLEGE.

.....
DATE SIGNATURE OF PARENT/ GUARDIAN SIGNATURE OF CANDIDATE

NOTE: ATTACH DOCUMENTS AS PER ANNEXURE 'A' ALONGWITH THE FILLED IN APPLICATION FORM AT THE TIME OF ADMISSION.
SUBMIT ALL PAGES (1/4 - 4/4)