

Rajkamal Science & Management College

(Affiliated Sri Dev Suman Uttarakhand University, Badshahithaul (Tehri Garhwal) Uttarakhand Roorkee Road, Bahadrabad, Haridwar (Uttarakhand)

Mob. 7451033355 Email: info@rajkamaledu.com, Website: www.rajkamaedu.com

RUN BY: RAJKAMAL WELFARE & EDUCATIONAL TRUST BAHADRABAD. HARIDWAR

	RUN BY: RAJK	AIVIAL WELF	ARE & EDUC	ATIONAL	IKUSI	BAHADRABAD, HARIDWAR	
ADMIS	SSION FORM	Se	ssion: 20)20	••	Form No	
1. (a) Name of Candidate (IN BLOCK LETTERS) :							
(b) Name	e of Course	Grou	p	······ Recent			
2. (a) Fathe	er's Name	••••	Occupation			Passport Size	
(b) Moth	ner's Name	•••••	Occupation			Photograph	
3. Date of B	Birth	•••••	National	ity	•••••	••••	
4. Present	(Correspondence) Add	ress:	•••••	•••••	•••••		
•••••	••••••	•••••••	•••••	•••••	•••••	•••••	
City/Dist	City/District:StateState						
Phone N	Phone No. (Stu.)Marital Status (Married/Unmarried)						
Mobile (Mobile (Father's)Email:						
Mobile (Mobile (Mother's)Any otherAny						
5. Permane	nt Address:	••••••	••••••	••••••	••••••	••••••	
•••••	•••••••••••••••••••••••••••••••••••••••						
City/Dist	City/District:StateState						
6. Annual I	ncome: (1) Father	••••••••	.(2) Mother.	Religion			
7. Category: SC ST General				E	x-Stu	dent Minority	
8. Details o	of Educational Qualifica	tions:					
Name of Exam	Board/University	Year of Passing	Marks Obtained	Max. Marks	%	Subjects	
High School							
Intermediate							
ignature of	the Parents/Guardia	n			Signa	ture of the Candidate	

DECLARATION BY THE APPLICANT

I hereby declare that the above entries in the Admission form are true to the best of my knowledge & belief. I also declare that no criminal proceedings are/were against me in any court of law or any other authority of the country. Further, I hereby undertake to abide by the rule and regulations of the college as may be laid down from time to time. I understand that my admission is liable to be cancelled, if I suppress or distort any information furnished in my application. I understand that the college has the right to add/delete/change the rules and regulations as and when required. Understand that registration fees once paid will not be refund.

Place:			
Date: _			

Signature of the Parents/Guardian

Signature of the Candidate

DECLARATION REGARDING CLASS ATTENDENCE

According to the letter no. 528/15 Higher Education; 97/ 11 June 1997; 2072/ 70; 1-1997, the students has to fulfill the criteria of 75% attendance is compulsory to appear in the University Examinations. Under special circumstances 15% rebate in attendance will be provided.

Attendance will be calculated on the basis of college attendance register. If the attendance is short then student will be debarred from the University Examination and its whole responsibility will be of Student/Parent/Guardian. According to the above stated rule students are requested to follow up their attendance of each and every subject on regular basis.

Signature of the Parents/Guardian

Signature of the Candidate

FOR OFFICE USE ONLY

Admission Form No:	Fee Receipt No. :	Amount:					
Cash/ Cheque/ D.D. No	Date	Bank Name					
Status (Confirmed/Need Correction/Document Incomplete/Rejected)							
Date of Admission		Authorized	Signatory				

DOCUMENTS REQUIRED:-

Attested Photocopies:-

- * Migration certificate * Character Certificate *Aadhar card, * Cast certificate, * Income Certificate (original)
- * Domicile Certificate, * Five recent photographs *Affidavit of gap year, if any

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INFO	RMAT	ION F	OR IDENTIT	Y CARD			
Admission No.: Student's Name:						Disate was als	
Class:			.Year/Semeste	er:	Bloo	d Group:	
Father	's Name	e:					
Date o	of Birth: .						
Addres	ss: .						Affix a Recent Passport Size
			Distt		Pin (Code	Photograph
Studer	nt Mobile	e No:		Par	ent's Mob N	o	
INFO	ORMA	ΓΙΟΝ F	OR LIBRARY	Y CARD			
Admis	sion No.	:					Affix a Decemb
Studer	nt's Nam	ne:					Affix a Recent Passport Size
Class:			Year/Se	mester			Photograph
Father	's Name	:					
Date o	of Birth: .						
Addres	ss:						Affin a Dagant
							Affix a Recent Passport Size
Contac	ct Numb	er:					Photograph
INFO	ORMA	ΓΙΟΝ F	OR EXAMIN	IATION FO	RM		
Student's Name (In Capital Letters):							
Father	's Name	e:		Mothe	er's Name: .		
Email	ID:				Mobile No:		
Addres	ss:						
				. Distt		PIN	Signature
Domic	ile: U.K/	Non U.	K 12th Stea	am:		12 th Exaı	m Medium: Hindi/English
DOB:			Gender:	(M/F) Ca	ategory: (Ge	en/OBC/SC/S	ST):
Educational Qualification: Aadhar No							
SI. No.	Class	Year	Board	Roll No.	Obtained. Marks	Total Marks	Subject
1	10 th				marks	marko	
2	12 th						
3							
4							