

# SARDAR BHAGAT SINGH GOVERNMENT POST GRADUATE COLLEGE RUDRAPUR (U.S. NAGAR)

## APPLICATION FORM (REGULAR COURSES 2020-21)

CAMPUS/COLLEGE APPLYING FOR- \_\_\_\_\_

COURSE APPLYING FOR – (B.A./B.Sc./B.Com./M.A./M.Sc/M.Com.)- \_\_\_\_\_

SUBJECT (FOR P. G. COURSES) – Example (M. A. HINDI) \_\_\_\_\_

|   |                        |         |  |
|---|------------------------|---------|--|
| ➤ | NAME                   |         | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> PHOTOGRAPH |
| ➤ | FATHER'S NAME          |         |  |
| ➤ | MOTHER'S NAME          |         |  |
| ➤ | EMAIL ID               |         |  |
| ➤ | DATE OF BIRTH          |         |  |
| ➤ | MOBILE NO./WHATSAPP NO |         |  |
| ➤ | GENDER                 |         | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> SIGNATURE  |
| ➤ | ADHAAR NO.             |         |  |
| ➤ | BLOOD GROUP            |         |  |
| ➤ | STATE OF DOMICILE      |         |  |
| ➤ | RELIGION               |         |  |
| ➤ | CATEGORY               |         |  |
| ➤ | SUB-CATEGORY           |         |  |
| ➤ | NATIONALITY            |         |  |
| ➤ | ADDRESS                |         |  |
|   | (WITH PINCODE)         |         |  |
|   |                        | PINCODE |  |

| ➤ DETAILS OF QUALIFYING EXAMINATION - |                   |              |            |                |            |          |
|---------------------------------------|-------------------|--------------|------------|----------------|------------|----------|
| EXAMINATION PASSED                    | BOARD/ UNIVERSITY | PASSING YEAR | MAX. MARKS | OBTAINED MARKS | PERCENTAGE | DIVISION |
|                                       |                   |              |            |                |            |          |

- ENROLMENT NUMBER \_\_\_\_\_  
(Only for candidates who have completed UG Course from Kumaun University)
- Whether any discontinuity in education after qualifying examination till date (Yes/No) \_\_\_\_\_
- If yes
- 1- Gap period - \_\_\_\_\_
- 2- Reason for Discontinuity \_\_\_\_\_  
\_\_\_\_\_

I, hereby declare that the details furnished are true and correct to the best of my knowledge and belief, in case of the above information is found to be false or misleading, I am aware that I may be held liable for it and my application may be cancelled.

Date :

Place :

**Signature of the Candidate**

**Signature of Admission Committee**