

GURUKUL INSTITUTE, GARIYABAND

Affiliated Pt. Ravishankar Shukla University, Raipur(C.G.)

Phone: 07706-200325,07706-200755

ADMISSION FORM

Affix passport (Fill all the information in capital Letters) size photograph No.....10..... here with self Year.....2019-20...... Attestation **COURSE APPLIED** B.Com. B.Sc.] B.C.A. [P.G.D.C.A B.A. B.Ed. [D.C.A. PERSONAL DETAILS Full Name of Student(IN CAPITAL LETTERS) Father's Name/Husband's Name Mother's Name Permanent Address IDITIZITE INIQUITITULI (CADIA) MUNUL INSTIT_{Pin} TE UMMADANETel(R)......Mob..... Medium of instruction: Hindi English [Date of Birth(Gender: Female Male Blood Group: OBC ST SC Category: General Nationality: Indian Others ☐ Married ☐ Unmarried PARENT/GUARDIAN'S DETAILS Name(In capital letters) Relationship: Occupation: Annual Income(In Rs.) Tel(R).....(O).....Mob.....E-mail:

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Recommended By Friend/Relative				Recommended By Administrative Staff					
Recommended By Academic Staff				Institute Website					
Exhibition / Seminar				Institute Representative					
Direct Certificate				Other Sources					
DOCUMENTS TO BE ENCLOSE (ONLY ATTE Class X/Equivalent Marks Sheet (2 copy) Class XII/Equivalent Marks Sheet (2 copy)					ESTED COPY,IF APPLICABLE) Migration Certificate (For non Chhattisgarh Board Students only) Domicile Certificate (Original)				
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DECLARATION	
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I hereby also declare that all information / certificates produced by me for the admission are correct & genuine .In case any inform /certificate, at any stage is found incorrect, my admission may be canceled without any notice I will have no claim whatsoever it may be.	nation
I am fully aware of the rules and regulations that once admitted to the institute Annual fee refundable, under any circumstances, and I shall have no claim on it. In the event of my let the college, prior to the complain of Degree/Diploma, I shall remain liable to make payme the total college fees for my course duration.	eaving
Date Signature of Student : Signature of Parent/Guardian : Name: Name:	
FOR OFFICE USE ONLY	
Admission Status: Approved Not approved Date:	
Scholar No.: Branch Allotted: Enroll No.:	
Hostel allotted :	
Room No	
Admission Officer Principal Management Representative	