

SWAMI SHARAN MAHAVIDYALAYA

(Affiliated to Mahatma Gandhi Kashi Vidyapeeth, Varanasi)

KAMALPUR CHANDAULI- 232106

Session: 20..... – 20.....

(सभी प्रविष्टियाँ अंग्रेजी के बड़े अक्षरों में साफ - साफ भरें)

Course Applied for

कक्षा जिसमें प्रवेश लिया गया..... Year/Sem

Name (नाम) : Mr/Km/Mrs.....

Father's Name : Mr.....

Mother's Name : Mrs.....

Date of Birth (जन्मतिथि) शब्दों में.....

Contact No. (संपर्क सूत्र)

जाति धर्म

Address(पता) : Vill/Moh..... Post

Distt..... State

Qualification (योग्यता) :

	SCHOOL	BOARD	YEAR	%AGE
High School(10th)				
Intermediate(10+2)				
Graduation(10+2+3)				
Others				

DECLARATION

I, hereby, declare that, all information provided also are true to the best of my knowledge. If any above information will be found false or incorrect, I shall be responsible and my candidature can be rejected.

Student's Signature