JAI BHAVANI SHIKSHAN PRASARK MANDAL'S ARTS & SCIENCE COLLEGE, SHIVAJINAGAR, GADHI, TQ. GEORAI, DIST. BEED. Receipt No. College Code: PRN No. Roll No. Date College ID: For College Course Admitted to Form No. Use Only Admitted Date Import\ant notes, read before filling-Inform 1. Please use black ink to fill in he form and Do NOT overwrite 2. Please fill in all fields in CAPITAL letters only 3. Pleae Strike off whichever is NOT applicable E.g. if you are a male: Student Should Sign. Strikly Inside Gender: Male / Female the box only with black ink 1. Personal Information Section Last Name First Name Middle Name Name of the Student (In case of changed name write current name Father's / Husbnad's Name: Mother's Maiden Name Previous Name of the Student: (In case of changed name) Marital Status: Unmarried/Married/Divorced/Windowed Deserted Reason for name change: willingly / After Marriage Date of Birth (DD/MM/YY): Gender: Male / Female Place of Birth: Blood Group (with Rh) Religion: Citizen of (Country name) Address for Correspondence State: District: Tehsil: Pin Code: Address: Contact Details Phone: Area / STD Code Mobile Number: Email ID: 2. Legal Reservation Information Section Domicile of state: Category: Open/Reserved if Reserved: SC/ST/NT(A)/NT(B)/ OBC/SBC Caste: Sub-Caste If Physically Challenge: Visually Impaired / Speech and or Hearing Impaired / Orthopedic Disorder or Mentally Retarded 3. Social Reservation Information Section (Check () Whichever is applicable, write name of supporting document attached in section 6. Ex-Serviceman / ward of Ex-Serviceman Member of Project Affected Family Active-Serviceman / ward of Active Serviceman Member of Earthquake Affected Family Freedom / ward of Freedom Fighter Member of Flood / Famine Affected Ward of Primary Teacher Family Ward of Secondary Teacher Resident of Tribal Area Deserted / Divorced / Widowed Women Kashmir Migrant Occupation of the Guardian: Service / Business / Profession / Farmer / Laborer Annual Income of the Guardian (Rs.): Retired / 4. Educational Details Section [wrtie 'YES' in last Column, against qualifying examination, on basis of which you are seeking admission to the said course write No in front of other examinations Name of Name of Board / Name of School / Date of Greade Examina-Passing Out Qualifying Examin-University College Passing tion of certifi-Total Examination ation (DD/MM/ seat No. cate Marks (YES/NO) YY) (Last) No. Obtained Std. 10th Std. 12th B.A.F.Y.

B.A.S.Y.

Note: Student MUST retain photocopy of completly filled in admission form (both pages) for future reference Available Information in this form will be required to activate his / her account on Digitial University Portal