| Rajkunwar Bahuuddeshiya Sevabhavi Sanstha's College Code: | | | | | | | | | | | | | | | |
|---|--|----------------------------|--------|---------------------|--------------------|--------------------------|-------------------------------|--|---------|--------|----------------|------------------|-------------------------|--------|------|
| RAJKUNWAR COLLEGE, DHAWDA Dhawda Tq. Bhokardan Dist. Jalna | | | | | | | | ; | 317 | | | | | | |
| For College | | | | | | | | 146 | 683 | | | Pho | oto | | |
| Important notes, | Use only Admission Date : Important notes,read before filling the form | | | | | | | | | | | | | | |
| Please use bl Please fill in a | lack ink to | fill the Form | and | and don't overwrite | | | | Charles about a sign atrictly | | | rictly | • | | | |
| 3) Please strike | | | | | | | | Student should sign strictly 1 Inside this box only with black ink | | | | k | | | |
| 1. Personal Information Section : | | | | | | | | | | | | | | | |
| | | | | Last Name | | | | First Name | | | Middle Name | | | | |
| Name of the student (In case of changed name, write current name) | | | | | | | | | | | | | | | |
| | देवनागरी) | | | | | | | | | | | | | | |
| Name of the son H.S.C. pa | student a assing c | as printed ertificate | | , | | | | | | | | | | | |
| Father's / H | usband' | s Name | | | | | | 1 | | | | | | | |
| Mother's Na | ame | | | | | | | | | | , | | | | |
| Previous Nan (In case of | | | | | | | | | | - 1 y | | | | | |
| Reason Of N | lame Ch | ange: Will | ingly | /After | marria | ge Materi | al status : | Unma | | | | | | vDese | rted |
| Date Of Birth | n: (DD | /MM /YY |): | 1 | / | | | | | _ | | le / Fe | | .* | |
| Place Of Birt | th: | | | | Relig | gion | | Blood Group | | | | | | | |
| Student's Lo | ation Ca | ategory: R | ural | /Urbar | n/Triba | , , | ald the layers | C | itizen | of (C | Count | ry Nan | ne): | | - |
| Address For | correspo | ondence | | | | | 1-12 | | | | | - | | | 161 |
| State : | : | Tahsil : | | | | City/Town/Village: | | | | | | | | | |
| Address (Hor | useno, S | Street/Are | | | | | | Pincode: | | | - | | | | |
| Personal Add | dress (V | /rite only i | f diff | tent th | an Ad | dress Cor | responda | nce) | | | | F-1 | 1270 1 | | |
| State: | | District | (S-) | Tahsil: | | | | City/Town/Village : | | | | | | | |
| Address (Ho | useno, S | Street/Are | | | | | e bol i | Pincode: | | | | | | 100 | |
| Contact Deta | | E-Mail ID | | | | | | | | | | | -12 | | |
| Phone #1 Are | ea/STD | Code : | | | | Phon | e #2 Area/ | STD | Code | Э | | | 7357 | | |
| Mobile : | | | | | _ | | '1 - | | | | | Value | as a f | | |
| 2. Education | nal Detai | I Section | (Wri | te in la eeking | st colui admiss | mn, agains ion to the | st the qualif last course | ying e , Write | e no ir | 1 fror | n on th | e basi: her) | s of whic | h you | are |
| Name Of The Same of the Exam Board / University | | Name of school/ college | | | Date of Passing | Examina seat No.(| nation pass (Last) certif | | | | marks ained | Out of | Qualit Examin Yes | nation | |
| Std. 10th | | | | | | | | | | | | | | | |
| Std. 12th | | | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | | , | | |
| | | | | | | 7 | | | | | | 4 | | | |
| | | | | | | | | | | | | | | | |
| 3. Selected/Opted Papers Section (Write Paper codes only, boxes) | | | | | | | | | | | | | | | |
| 1. | | | | 2. | | | | 3. | | | | | | | |
| 4. | | | | 5. | | | | | | 6. | | | | | |
| 7. | | | | 8. | | | | | | 9. | | | | | |
| 10. | | | | 11. | | | | | | 12. | | | | | |

| Form No. : | | | | | | | | | | | |
|--|---|---|--------------------|---------|-----------------------------|------|-----|---|-----------------|-----------|--|
| 4. Attached Document and certificates Section | | | | | | | | | | | |
| Sr. | | he Document/ C | | 0 | Orignal/ Attested true copy | | | | Attached (Yes/N | lo) | |
| 1 | 1 4450 | ertificate of Std.10 | | \perp | | | | | | | |
| 2 | 1 229 | | nent of std. 12 th | _ | | | | | | 100 | |
| 3 | · · · · · · · · · · · · · · · · · · · | | | _ _ | | | | | | | |
| 4 | | | _ | | | | | | | | |
| 5. Others (s) / Adhar card | | | | | | | | | | | |
| 5. Legal Reservation Information Section | | | | | | | | | | | |
| Domic | Comicile of State Category : Open/ Reserved If Reserved SC / ST / VJNT / OBC / SBC | | | | | | | | | | |
| Cast | Orthopaedic Disorder or Mentally retired | | | | | | | | | | |
| 6.Social Reservation Information Section (Tick Mark which is applicable, write name of supporting document attached in section 6) | | | | | | | | | | | |
| | Ex- service man/ Ward of Ex-serviceman | | | | | | | | | | |
| | Active Serviceman/Ward of Active- Serviceman | | | | | | | | 1 | | |
| | Freedom Fighter/Ward of Freedom Fighter | | | | | | | | | | |
| | Ward of primary Teacher | | | | | | | | | | |
| | Ward of Second | Vard of Secondary Teacher | | | | | | | | | |
| | Deserted /Divorced /widowed Women | | | | | | | | | | |
| 7. Guardian Information Section | | | | | | | | | | | |
| Guard | lian's Name | _ | | | | -112 | | 1 | | 1 1 | |
| Occupation of the Guardian : Service/Business/Farmer/Labour/Retired Annual income of the Guardian (R.s) | | | | | | | | | | | |
| Relationship of guardian with application : Phone Number : | | | | | | | | | | | |
| 8. | Other informat | tion section | | | | | . 6 | | | 1 | |
| Mothe | Mother Tongue : Employed Status: Employed/Unemployed Do you wish to join to NSS: Yes/No | | | | | | | | | S: Yes/No | |
| Hobbi | es and other intro | est: | 91 | | | | | | | | |
| 9.Declaration by Student I here by that, I have read the rules related to admission field by me in form is correct and true to the best of my knowledge. I will be responsible for any discrepancy arising out of the form signed by me and understake that in absence of any documment, the final admission will not be granted and/ or admission will stand cancel. Place: Signature of Student | | | | | | | | | | | |
| 10. Declaration by Guardian I Have permitted my son/daughter ward to join your college. The information supplied by him/her is correct to the bet of my knowledge. I have acquianted myself with the rules, fees and dues to my son/daughter/ward and to see that he/see observes. Place: | | | | | | | | | | | |
| Date : Signature of Guardians | | | | | | | | | | | |
| 11. For College/Institute use only | | | | | | | | | | | |
| De | signation | nation Remarks/ Particulars/Recommendation Signature and Date | | | | | | | ate | | |
| Adm | ssion Clerk | k | | | | | | | | | |
| Adm | ission Commitee | . , | | / | | | | | | | |
| Acco | untant/cashier | Cash Received | Rs: | Rece | eipt No | | | | | | |
| Regi Supe | strar / Office erindentent | | | | _ | | | | | in the | |
| Princ | cipal / Director | | | | _ | | | | | 1. | |