NO. :

SONARPUR MAHAVIDYALAYA

Sahid Biswanath Sarani, P.O.-Rajpur, Dist. : South 24 Parganas,
Pin-700149, Phone : 033-2434-6987 / 1421

APPLICATION FORM FOR ADMISSION : 2010-2011

Stamp Size Photograph

FOR OFFICE USE ONLY					
Eligible for Admission	Permission for Admission	Checked & Verified	Receipt No.	Amount	Roll:
					ID No.:
Signature of Faculty	Signature of Principal	Signature Office Staff	Cashier:		Dt of Admn:

Name of Applicant in **CAPITAL LETTER (Use a blank space between two words):**

Date of Birth:...../...../..... Nationality:..... Cast: **Gen/SC/ST/OBC:** .....

Sex : M/F..... BPL : **Yes/No**..... Religion: ..... Sports Category: **Yes/No:** .....

Address with PIN Code: .....

.....

Examination Passed: Madhyamik/Equivalent: ..... Board: .....

Year of Passing: ..... Roll: .....No: ..... Division/Grade: ..... % of Marks: .....

Examination Passed: Higher Secondary/Equivalent: ..... Board: .....

Registration No: .....Roll:..... No:..... Year of Passing: .....

Subject	Theory	Practical	Total	Gr.	Subject	Theory	Practical	Total	Gr.	Best Four Total Marks
										Percentage (Best Four)

Admitted before any CU Course: Yes/No..... Name of the Course: .....

Course to which applicant seeks Admission: **B.A/B.Sc/B.Com** Year: .....

Hons Subject:..... Compulsory Language (Tick Mark): **Bengali/English/Alternative English**

General Subjects: Sub1: ..... Sub2: ..... Sub3: .....

Father's Name		Mother's Name	
Qualification		Qualification	
Occupation		Occupation	

Annual Family Income: Rs. ..... Home Phone: ..... Mob: .....

Name of Local Guardian (if any):		Relationship with Applicant	
Address:		Phone No:	

Declaration : We hereby declare that all the statements made above in this Application form are true. I also declare that I have gone through the rules and regulation of the Institution as well as the regulation of the Calcutta University as printed in the prospectus of Sonarpur Mahavidyalaya and have clearly understood their import. I have also gone through the Code of Conduct to be followed by the student of Sonarpur Mahavidyalaya. I, hereby give an undertaking that I shall abide by the said Rules and Regulations and Code of Conduct failing which the College authority may take any step that is deemed fit.

Signature of the Local Guardian Signature of Guardian Signature of Applicant

Date:

N.B: *1. Every admission is conditional and subject to the approval of the Calcutta University. 2. Date of Birth should be accordance with Madhyamik/H.S Certificate. 3. For admission in Sports Category Performance Certificate must be attached. 4. ST/SC/OBC/B.P.L. Certificate must be attached.*

No:

Name: B.A/B.Sc/B.Com. Hons/Gen: .....

General Subjects: Sub1: ..... Sub2: ..... Sub3: .....

Date : Signature with Office Seal