



**ST.GONSALO GARCIA COLLEGE
OF ARTS & COMMERCE, VASAI.**

**Application for
Admission to SYBA
Session 2023-2024
Application No. :**



Applicant's Personal Details

Name of the Student	Surname	First name	Father's name
	LOPES	SUMMER	PETER
Mother's Name	BRINAL		

Date of Birth	17/03/2005	Place Of Birth	VASAI
Birth State	Please Select	Blood Group	B+
Marital Status	UNMARRIED	Gender	FEMALE
Religion	CHRISTIAN	Aadhaar card Number	749556548948
Nationality	INDIAN	Employment Status	Unemployed
Mother Tongue	MARATHI	Handicap	
Caste Category	OPEN	NCC/NSS	NO
ABC No	962863807181	Anti Ragging No.	1800_180_5522

Father's/Husband's Name	DOMINIC LOPES		
	Gross Annual Income		50,000
Mobile	9923189489		

Address of Correspondence			
Address	HOUSE NO 143 KHALCHI ALI NEAR DOMINIC SHOP MANICKPUR VASAI WEST		
State	Maharashtra	District	Palghar
Pincode	401202	City/Town/Village	VASAI

Permanent/Native Address			
Address	HOUSE NO 143 KHALCHI ALI NEAR DOMINIC SHOP MANICKPUR VASAI WEST		
State	Maharashtra	District	Palghar
Pincode	401202	City/Town/Village	VASAI

Contact Details			
Student Phone		Parent's Phone	
Mobile	9579586846		

Email Id	summerlopes.ba2022@ggcollege.in
Payment mode	Offline

Preferenace : 1 Group Name : HISTORY(HIST2/3,PSY2/3,SOC2/3,FC

COMMUNITY DEVELOPMENT

FOUNDATION COURSE-II

HISTORY II (LAND MARK IN WORLD HISTORY-1300 A.D.-1945 A.D))

SOCIOLOGY II(INDIAN SOCIETY STRUCTURE AND CHANGE)

PSYCHOLOGY II (SOCIAL PSYCHOLOGY)

HISTORY III (ANCIENT INDIA FROM EARLIEST TIMES TO 1000 A.D)

SOCIOLOGY III(CONTEMPORY ISSUES IN INDIAN SOCIETY)

PSYCHOLOGY III(DEVELOPMENT PSYCHOLOGY)

Declaration by Student

I hereby declare that, I have read the rules related to admission and the information filled in by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and / or admission will stand cancel.



Date : 05/06/2023

Signature of the Student

Declaration by Guardian / Parent

I have permitted my son / daughter / ward to join your college.The information supplied by him / her is correct to the best of my knowledge. I have acquainted myself with the rules and fees, dues to my son / daughter / ward and see that he / she observes.

Date : 05/06/2023

Signature of the Guardian/Parent

For College / Institute Use Only

Designation	Remarks / Particulars /Recommendations	Signature and Date
Admission Clerk		
Admission Committee		
Accountant / cashier		
Registrar/Office superintendent		

REMARK OF THE ADMISSION COMMITTEE

May be admitted to Class _____ Section _____

May be Rejected _____

Last date of payment of fees _____

Admission may be cancelled if the fees are not paid by this date.

Principal

Signature of Admission Committee

Other Details