

(NOTE: This form is sold as part of the Prospectus. If the form is supplied to you without Prospectus then do not accept it. Read the Prospectus carefully before filling up the Application Form.)

Application Form No.:

263



Insan Degree College
Shiksha Nagar
Kishanganj (Bihar)

INSAN DEGREE COLLEGE

(ARTS / SCIENCE / COMMERCE/ VOCATIONAL PROGRAMME)**

Application Form

(SESSION -)

Affix a recent
Passport
Size color
Photograph

Applicant's Name: _____

Faculty: _____

Course: _____

INSAN EDUCATIONAL EXPERIMENTAL COMPLEX

Shikshanagar, Kishanganj, Bihar- 855107

Telephone: 06456-223590/223573/ 09709655688/09931596300/8804722688,

FAX : 06456-223570

Email: insanschool@yahoo.in

Applicant Information

Application Form No. _____

First Name		Middle Name(s)		Last Name		Name in Urdu/ Hindi	
DOB (Day, Month, Year)				Category		Gender	
DD	MM	YY				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Registration No.		Year		Name of the Board/ University			
State		Nationality		Marital Status			
				Married <input type="checkbox"/> Unmarried <input type="checkbox"/>			
Fathers's Name				Mother's Name			
Guardian's Name				Relationship		Occupation	
Permanent Address				Mailing Address			
Phone: E-mail:				Phone: E-mail:			

Academic Qualification

Examination Passed	Division	%age of Marks	Year of Passing	Name of the College/ School	Name of the Board/ Univ.

For Honors Course

(A) Compulsory Subjects	(B) Honors Subjects	(C) Subsidiary Subjects

For Pass Course

Application Checklist:

<input type="checkbox"/> PHOTOGRAPH OF STUDENT	<input type="checkbox"/> REGISTRATION PHOTOCOPY
<input type="checkbox"/> CLC ORIGINAL	<input type="checkbox"/> MIGRATION (Original)
<input type="checkbox"/> MARK SHEET PHOTOCOPY (10th & Inter)	<input type="checkbox"/> STUDENT'S DECLARATION
<input type="checkbox"/> ADMIT CARD PHOTOCOPY (10th & Inter)	<input type="checkbox"/> CERTIFICATE PHOTOCOPY (10th Class)

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Any Special Skill, Interest & Hobby:

DECLARATION BY THE APPLICANT

I..... (Name) hereby declare that I have read and understood the condition of eligibility of the courses to which I seek admission. I declare that I fulfill the minimum eligibility criteria for the course and have provided the required information in this regard in the admission form. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the university at any time and I shall not be entitled to refund of any fee paid

Full Signature of the Parent/ Guardian with Date

Full Signature of the Candidate with Date

FOR OFFICE USE ONLY

Admission Date:.....

Admission No.:.....

Subjects Approved:

(A)

(B)

(C)

Receipt No:..... Amount Received:..... Date:.....

Signature of
Admission Incharge

Signature of
Principal

RECEIPT

Form No.:.....

Roll No.:.....

Received completed admission form Mr./Ms..... for
admission in..... for session..... on..... along
with requisite documents and fee.

Full Signature of the Receiving Officer with Date