

## HISLOP COLLEGE

Application for Admission to BCA - 5 Session 2024-2025 Application No. :BCA III35





## **Applicant's Personal Details**

| Name of the Student                           | Surname                      | First name                        | Father's name    |
|---|------------------------------|-----------------------------------|------------------|
|   | ATKARI                       | KALPESH                           | ASHOK            |
| Mother's Name                                 | RATNAMALA                    |                                   |                  |
| Student Name(HINDI)                           |                              |                                   |                  |
| Date of Birth                                 | 18/06/2004                   | Place Of Birth                    | NAGPUR           |
| Birth State                                   | MAHARASHTRA                  | Birth District                    | NAGPUR           |
| Birth Tehsil                                  | Nagpur                       | Voter Id                          | S13057V6N2308231 |
| Marital Status                                |                              | Blood Group                       | A+               |
| Religion                                      | HINDU                        | Gender                            | MALE             |
| Nationality                                   | INDIAN                       | Aadhaar card Numbe                | 316278807532     |
| Mother Tongue                                 | HINDI                        | Passport Number                   |                  |
| EID Number                                    |                              | Employment Status                 | Unemployed       |
| NCC/NSS                                       | NO                           | Eligibility No.                   |                  |
| Caste Category                                | OBC                          | Sub Caste                         | KUNBI            |
| Enrollment Number                             | 20231007607000               | PRN Number                        | 00               |
| Handicap                                      |                              | Is Orphan                         | NO               |
| Saral No.                                     |                              | Udise No.                         |                  |
| Student has a Desktop/<br>Laptop/ Smart phone | NO                           | Student has internet connectivity | NO               |
| Municipal Ward                                |                              | ·                                 |                  |
| Father's/Husband's Name                       | ASHOK                        |                                   |                  |
| Occupation                                    | BUSINESS Gross Annual Income |                                   | ome 0            |
| Mobile  | 9284577075                   |                                   | ·                |
| Office Address                                |                              |                                   |                  |
| Address of Correspondence                     | ·                            |                                   |                  |
| Address                                       | mata mandir old jaripatl     | ka,nagpur                         |                  |
| State   | Maharashtra                  | District                          | NAGPUR           |
| Tehsil  |                              | City/Town/Village                 | NAGPUR CITY      |
| Pincode                                       | 440014                       |                                   |                  |

| ddress                |                               | mata mandir old jaripatka,nagpur |                |               |    |                  |  |
|-----------------------|-------------------------------|----------------------------------|----------------|---------------|----|------------------|--|
| State                 |                               | Maharashtra                      | District       |               | Na | gpur             |  |
| Tehsil                |                               | NAGPUR (CITY)                    | City/Town/V    | 'illage       | N/ | AGPUR            |  |
| Pincode               | code 440014                   |                                  |                |               |    |                  |  |
| Contact De            | etails                        |                                  |                |               |    |                  |  |
| Student Ph            | none                          | 8263972461                       | Parent's Phone |               |    |                  |  |
| Mobile                |                               | 9284577075                       |                |               |    |                  |  |
| Email Id              |                               | kalpeshatkari354@gmail.com       |                |               |    |                  |  |
| Payment n             | node                          | Online                           |                |               |    |                  |  |
| Tra                   | insaction ID                  | Amount                           | Resp. no.      |               |    | Transaction Date |  |
|                       | 7931530                       | 100.00                           |                |               |    | 01/08/2024       |  |
| Name of Bo            | oard/                         | bca semester 4                   |                |               |    |                  |  |
| University<br>Month   |                               |                                  | Year           |               |    |                  |  |
| Roll Number           |                               | 222015                           | Division       | Division      |    |                  |  |
| Marks Obtained        |                               | 318                              | Maximum M      | Maximum Marks |    | 450              |  |
| Percentage 7          |                               | 70.67                            | Result         | Result        |    | pass             |  |
|                       | ails                          |                                  |                |               |    |                  |  |
| Exam Deta             | Sr.No. Course Name            |                                  |                | SGPA          |    | CGPA             |  |
|                       | Course Name                   |                                  |                |               |    |                  |  |
| Sr.No.                | BCA - 1                       |                                  |                |               |    |                  |  |
| <b>Sr.No.</b> 1       | BCA - 1<br>BCA - 2            |                                  |                |               |    |                  |  |
| <b>Sr.No.</b> 1  2  3 | BCA - 1<br>BCA - 2<br>BCA - 3 |                                  |                |               |    |                  |  |
| <b>Sr.No.</b> 1  2  3 | BCA - 1<br>BCA - 2            |                                  |                |               |    |                  |  |

| Declaration by Student   |   |                                     |  |  |
|--|---|-------------------------------------|--|--|
| I hereby declare that,   | have read the rules related to admission and the information filled in        | n by me in this form is accurate    |  |  |
| and true to the best of my know  | wledge. I will be responsible for any discrepancy, arising out of the fo      | rm signed by me and I undertake     |  |  |
| that, in absence of any document the   | ne final admission will not be granted and / or admission will stand cancel.  |                                     |  |  |
|  |   | Jus.                                |  |  |
| Date: 01/08/2024   | Signatu   | Signature of the Student            |  |  |
| Declaration by Guardian / Pa   | rent  |                                     |  |  |
| I have permitted my so   | on / daughter / ward to join your college.The information supplied by         | him / her is correct to the best of |  |  |
|  | nyself with the rules and fees, dues to my son / daughter / ward and see that |                                     |  |  |
|  |   |                                     |  |  |
|  |   |                                     |  |  |
| Date: 01/08/2024   | Signati   | Signature of the Guardian/Parent    |  |  |
|  | Signate   | ire of the Guardian/Farent          |  |  |
|  | Signate   | ne of the Guardian/Farent           |  |  |
| For College / Institute Use On   |   | ire of the Guardiany Farence        |  |  |
|  |   | Signature and Date                  |  |  |
| For College / Institute Use On   | iy<br>  |                                     |  |  |
| For College / Institute Use On Designation   | iy<br>  |                                     |  |  |
| For College / Institute Use On Designation Admission Clerk   | iy<br>  |                                     |  |  |
| For College / Institute Use On Designation  Admission Clerk  Admission Committee  Accountant / cashier  Registrar/Office   | iy<br>  |                                     |  |  |
| For College / Institute Use On Designation  Admission Clerk  Admission Committee  Accountant / cashier   | iy<br>  |                                     |  |  |
| For College / Institute Use On Designation  Admission Clerk  Admission Committee  Accountant / cashier  Registrar/Office   | Remarks / Particulars /Recommendations  |                                     |  |  |
| For College / Institute Use On Designation  Admission Clerk  Admission Committee  Accountant / cashier  Registrar/Office superintendent                            | Remarks / Particulars /Recommendations  REMARK OF THE ADMISSION COMMITTEE     | Signature and Date                  |  |  |
| For College / Institute Use On  Designation  Admission Clerk  Admission Committee  Accountant / cashier  Registrar/Office superintendent  May be admitted to Class | Remarks / Particulars /Recommendations  | Signature and Date                  |  |  |

| REMARK OF THE ADMI  | SSION 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   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |
|   |                                  |