

FORM NO.



ADMISSION NO.

STREAM: Sc / Arts / Com.

MRS. K.M.P.M. INTER COLLEGE - JAMSHEDPUR
ADMISSION FORM YEAR

(TO BE FILLED IN ENGLISH ONLY)

- NOTE :**
- I) Read the guidelines given in the Prospectus thoroughly before filling the form.
 - II) All columns should be filled in correctly as mentioned in School Leaving Certificate/Marks Sheet wherever necessary.
Anyone of the following streams to be selected : Science/ Commerce/ Arts. Write in the box provided in Sl. No. 10.
 - III) If S.C./S.T. write in the box (b) provided, and enclose attested XEROX copy of the certificate from the competent authority.
 - V) Whether physically handicapped yes/no. If yes, enclose a photocopy of the medical certificate.

Affix recent Passport size Photograph

S.C. / S.T.

Sex

Every admission is provisional and subject to the approval of the Principal.

1. Name of the Candidate
(in Block Letters)

2. Date of Birth (i) In Figures

- Do - (ii) In Words

Date	Month	Year

3. Father's Name (in Block Letters) _____

4. Mother's Name (in Block Letters) _____

5. Name of Guardian (in Block Letters) _____ Relationship with guardian _____

6. Local Address : _____ _____ _____ Phone No. _____ _____	7. Permanent Address : a) Vill/Town _____ b) P.O. _____ c) District _____ d) Railway Stn. _____ e) State _____ Pin Code _____
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- 8A. Details of Qualifying Examination (Secondary School Level)

Name of the School	Name of Board	Exam. Passed	Year of Passing	Roll Code	Roll No.	S.L.C.IT.C. No.	Date of Leaving

- 8B. Details of Qualifying Examination (Secondary School Level)

	LANGUAGE		MATHEMATICS	SCIENCE			SOCIAL SCIENCE					AGGREGATE	% OF TOTAL MARKS OBTAINED
	I	II											
FULL MARKS													
PASS MARKS													
MARKS OBTAINED													

9. Co-curricular activities (if any)

NOTE : Sold forms are neither transferable nor refundable.

Tear Off

ACKNOWLEDGEMENT SLIP

Recieved Original Form No.

on with Photocopy of Marksheet.

Signature of Receiver

10. Subjects selected for Study (see the Prospectus before filling)

Stream (anyone)	Name of Subjects Offered				
SCIENCE/	1.	2.	3.	4.	5.
COMMERCE/	1.	2.	3.	4.	5.
ARTS	1.	2.	3.	4.	5.

11. UNDERTAKING BY PARENT

I hereby certify that the statement in the proceeding columns are true to the best of my knowledge and belief. I also understand that any false statement or suppression of material information or incomplete application will cancel the admission of my son/daughter/ward and I shall not claim any compensation thereof if it is cancelled during the mid-session or before the completion of +1 education in Mrs. K.M.P.M. Inter College. I further undertake that my son/daughter/ward will abide by the rules and regulations of the College as existing and as modified from time to time. In case of indiscipline or irregularity of study, I shall withdraw my son/daughter/ward if so advised by the College authority. I also agree to withdraw my son/daughter/ward, if he/she fails for two consecutive years in the same class.

I hereby certify that my son/daughter/ward lives with me and I am responsible for his/her healthy living, studying, good conduct, books, exercise books, uniform, shoes and payment of College dues. I also undertake to furnish such reports and information concernining his/her as may be called at any time by the Head of the Institution.

IN CASE OF CANCELLATION OF ADMISSION ON REQUEST BY ME, I WILL NOT CLAIM FOR REFUND OF DEPOSITED MONEY.

I hereby undertake that if any documents i.e. S.L.C., Marksheet, Character Certificate, etc., are found false, the authority will take appropriate disciplinary action against me & my son/daughter/ward at any time.

.....
Full Signature of Candidate

Date

.....
Full Signature of Parent/Guardian

Date

Signature of the witness :

Name of the witness

Address

.....

.....

Signature of the Parents :

Full Name

Address

.....

.....

DEPARTMENTAL VERIFICATION

PLEASE CERTIFY AFTER THOROUGH VERIFICATION

FOR NON-EMPLOYEES ONLY

Certified that Sri/Smt
Is an employee of (Name of Organisation)

.....

He is working since

Phone No.

Date

Sign. of Competent Authority
with Seal of Office

FOR TATA STEEL/JUSCO EMPLOYEES ONLY

Certified that Sri/Smt

P. No. Pay Roll No.

DesignationDate of Employment
is a permanent Employee of the Company.

Phone No.

Date

Sign. & Seal of
Head of Deptt.

IMPORTANT INFORMATION

Name of Student/Parent against whom an account payee cheque for refund of caution deposit will be issued : -
..... (IN CAPITAL LETTERS)

FOR OFFICE USE ONLY

Fee Details :

Amount	Demand Draft No.	Date	Name of Issuing Bank	Payable at

Name of the student admitted	Class & Section	Roll No.	Admission No.	Date of Admission

Total Amount Deposited	Receipt No.	Date	Remarks

.....
Admission in-charge

.....
O.A.

.....
Principal

Note : Please submit Original Form along with a XEROX Copy of Orignal Marks Sheet
