Kulbhaskar Ashram College - Admission Form

Student ID:		
Full Name:		
Date of Birth:	Gender:	
Address:		
Phone Number:	Email:	_
Father's Name:		
Mother's Name:		
Select Course (Tick one):		
[]B.Sc []B.Com []B.A []Othe	er:	
Required Documents (Attach copi	ies):	
[] 10th Marksheet [] 12th Marksh	heet []ID Proof	
[] Passport Size Photo [] Caste	Certificate (if applicable)	
Declaration:		
I hereby declare that the above	information is true and co	orrect to the best of my knowledge. I
understand that any false informa	tion may result in cancellation	on of my admission.
Student Signature:	Date:	
Guardian Signature:	Date:	