

Govt.General Zorawar Singh Memorial Degree College Reasi

Application Form for Semester-1st

A) NAME OF THE CANDIDATE(in Capital letters, as per HSc-II Certificates, Leave space to indicate different parts of the name)

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B) FATHER'S NAME (in Capital letters, leave space to indicate different parts of the name)

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C) MOTHER'S NAME (in Capital letters, leave space to indicate different parts of the name)

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D) Telephone/Mobile

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E) i) Permanent Home Address: Village.....

P.O. Teh.....Distt.....

F) Details of Previous Examination Qualified.

S.No.	Class	Year of Passing	Board/University	Roll No.	Subjects	Marks Obtained/Max./Min.
01	12 th Attach Phoyo Copy					

G) Category SC/ST/OBC/EWS/PWD,if any _____(Attach photo copy of Category Certificate).

Stream to be opted:-

Medical/Non-Medical/Arts/B.Com/B.C.A/Political Science Honours/Psychology Honours _____

Declaration by the students:

I _____ S/O/ D/O _____solemnly

declare that the information given above is true authentic.

Signature of the Student

