

GOVT. GENERAL ZORAWAR SINGH MEMORIAL DEGREE COLLEGE REASI(GDC REASI)

STREAM

ADMISSION FORM

(Under New Education Policy-2020)

**PHOTO
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Mobile No.	Whatsapp No.

STUDENT NAME:

(Capital Letter)

FATHER NAME...:

(Capital Letter)

MOTHER NAME...:

(Capital Letter)

↑
Student Sign.

Email ID:

Permanent Address:

Village/Town : Block:.....

Tehsil District..... State : Pin code..

Present Address:

Village/Town : Block.....

Tehsil District..... State..... Pin Code...

Date of birth
D D M M Y Y Y Y

Gender : M F T Religion: Hindu Muslim Sikh Christian

Category: General SC ST OBC RBA EWS ALC PSP PHC Other

Previous Examination Details:

Class	Subject Stream	Year of passing	Board/University	Roll number	Reg. Number	Marks obtained /Max. marks
10 th						
12 th						
Sem 1 st						
Sem 3 rd						
Sem 5 th						

Subjects Opted for UG Semester: 1st Semester 3rd Semester 5th Semester 7th

Subject	Major	Minor	ID*	AECC	Skill	VAC-1	VAC-2
Preference - 1							
Preference - 2							
Preference - 3							

- ID: Inter-Disciplinary
- VAC: Value Added Course

DECLARATION BY THE STUDENT:

I.....S/O, D/O.....solemnly declare that the information given above is true and authentic. Besides, I undertake to abide by the rules and regulations of the college and follow the instructions that shall be issued from time to time by the college Administration.

SIGNATURE OF THE STUDENT

DECLARATION BY THE PARENT/GUARDIAN:

I declare that I am Parent/Guardian of.....do hereby undertake that I shall be personally responsible for any misconduct of my ward or for any breach of college rules and regulations by him/her.

NAME OF FATHER/GUARDIAN:

SIGNATURE:.....

(THIS SECTION IS NOT USE FOR STUDENTS)

CHECKED AND VERIFIED BY THE ADMISSION COMMITTEE:

Subject	Major	Minor	ID	AECC	Skill	VAC-1	VAC-2
Selected							

TOTAL FEE :

VERIFIED: 1.....2.....3.....4.....5.....6.....

CONVENER'S SIGNATURE

DATE:...../...../.....

FOR OFFICE USE ONLY

TOTAL FEE COLLECTED:

NAME & SIGNATURE OF FEE COLLECTOR

FEE VERIFIED: YES NO

CLASS ROLL NO

UNIVERSITY ROLL NO

UNIVERSITY REG. NO.

PRINCIPAL

GOVT. GENERAL ZORAWAR SINGH MEMORIAL DEGREE COLLEGE REASI(GDC REASI)

STREAM	<h2 style="margin: 0;"><u>LIBRARY FORM</u></h2> <p style="margin: 0;">(Under New Education Policy-2020)</p> <p style="margin: 0;">To be filled in by the office</p>	UG Semester

CLASS ROLL NO UNIVERSITY ROLL NO UNIVERSITY REG. NO.

Subject	Major	Minor	ID	AECC	Skill	VAC-1	VAC-2
Opted							

To be filled by the Student

	Mobile No.	Whatsapp No.
STUDENT NAME..... (Capital Letter)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
FATHER NAME..... (Capital Letter)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MOTHER NAME..... (Capital Letter)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Email ID:	<input style="width: 100%;" type="text"/>	

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12 th						
Sem 1 st						
Sem 3 rd						
Sem 5 th						

In which intrested:

Sports.....NCC.....NSS.....Cultural Activities.....other.....

Nominee for Group Insurance: Relationship with

