CONTACT US : 9450770005/9450210005
www.sudamadevipgcollege.in

SUDAMA DEVI MAHILA P.G. COLLEGE CHANDAULI

AFFILIATED- MAHATMA GANDHI KASHI VIDYAPITH, VARANASI

Session : 20...../20.....

SCHOLAR NO.

PHOTO

(ALL ENTRIES SHOULD BE CLEARLY FILL IN CAPITAL LETTERS)

Course Applied for : (B.A./B.Com/ B.Sc/ B. Ed/ D.EL.Ed/ M.A./ M.S.W.)

Subject .....

Name : KM./MRS.....

Father's Name: MR. .....

Mother's Name: MRS.....

Date of Birth .....In Words .....

Aadhar No.....

Contact No. .....Whats'up No.....

Email I'd .....

Category .....Religion.....

Address: Vill./Moh.....Post.....

Dist. .....State.....PIN Code.....

Stream.....

QUALIFICATION	BOARD/UNIVERSITY	PASSING YEAR	ROLL NO.	MAX. MARKS	MARKS OB.	% AGE
HIGH SCHOOL (10TH)						
INTERMEDIATE (10+2)						
GRADUATION (10+2+3)						
OTHERS						

DECLARATION

I hereby declare that all information provided also are true to my best of knowledge. If any above information will be found false or incorrect. I shall be responsible and my candidature can be rejected.

Student's Signature