

CMK National Post Graduate College, Sirsa (Haryana)

(Affiliated to Chaudhary Devi Lal University, Sirsa) Managed by: Sirsa Education Society, Sirsa

ADMISSION FORM (Provisional) Session 2024-25

Class: _____ University Roll No.: _____

Name: _____ Father's Name: ____

Mother's Name:			DOB:						
Category:				Disabled/Handicapped:					
Religion:									
Father's Occupation:				Father's Annual Income:					
Mother's Occupation:				Mother's Annual Income:					
Perman	ent Address:								
				State:					
E-mail:				Family Id.:					
Student Mobile No.:				Parent's Mobile No:					
Aadhar Card No.:				Voter ID No.:					
Passport No.:				Driving License No.:					
Distinct	ion in Academio	c/NCC	/NSS/Sports/	Cultural /Wom					
		9	ONLY FOR SCI	HOLARSHIP ST	<u>UDENTS</u>				
Name o	f the Bank:			Branch:					
•				IFSC Code:					
Note: Co	opy of the Aadh	ar Seed		iust be attached A CADEMIC R EC					
Е	School/	Year	Roll No.	Board/	Result	Max.	Obtained	Percentage	
Exam 10 th	College			University		Marks	Marks		
12 th									
UG –I Sem									
UG –II Sem									
UG –III Sem									
UG –IV Sem									
UG –V									
Sem									
UG-VI Sem									
PG-I Sem									
PG-II Sem									
Any Other									

Subjects of the Class: 1		2	3			
4	5		6			
7	8	9				
REGISTER YO	URSELF FOR OTHE	R SHORT C	OURSES (MENTION HERE)			
FOUNDATION	ADD ON	1	VALUE ADDED			
JOB-ORIENT	ED		Entrepreneurship			
<u>D</u> 1	ECLARATION B	Y THE C				
I	declare that I am					
applying for admission with	n the consent of my	Parents/ C	Guardians and that the particulars given			
above are correct. I agree to	abide by the rules	and regula	tions laid down by the DHE, Haryana/			
University/College for the C	Course.					
Place:	Date:		Signature of the Applicant			
UNDERTAK	ING PLEDGE B	Y THE PA	ARENTS/GUARDIAN			
prompt payment of the college in respect of all payment or as the particle. 2. I shall be responsible for	college fee and all o losses or expenses culars given above p or good conduct of a	ther dues a resulting for roviding in my ward an	do agree to be responsible for the and indemnity to the government and the rom delay and failure to make any such accorrect at a later stage.			
take part in any activity 3. I am aware of the conqualify as per university	ditions for appearin		ersity examination that my ward has to			
Place:	Date:		Signature of the Parent/ Guardian			
	FOR OFFIC	CE USE O				
ELIGIBILITY CHI	ECKED BY					
ADMISSION COM	MMITTEE		FEE DETAILS			
Member:		Amount Received:				
Convener:		Receipt No.:				
Dean Admission:		Date:				
		Fee Cle	erk:			