

## 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 Ro	oll No.:														
Name:				Father's Name:															
Mother's Name: Category: Religion: Father's Occupation: Mother's Occupation:				<ul> <li>Disabled/Handicapped:</li> <li>Caste:</li> <li>Father's Annual Income:</li> </ul>															
										Permar	ent Address:								
														State:					
										E-mail:									
										Student Mobile No.:									
Aadhar Card No.:																			
Passport No.:																			
_				ts/Cultural /Wom															
			-	SCHOLARSHIP ST		, ,-													
Name o	of the Bank:			Branch:															
A/C. No.:				IFSC Code:															
Note: C	opy of the Aa	idhar Seed		t must be attached															
	School/	Year	Roll No.	<b>SACADEMIC REC</b> Board/	Result	Max.	Obtained	Percentage											
Exam	College			University		Marks	Marks	Tereentage											
10 <sup>th</sup>																			
12 <sup>th</sup>																			
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								
<b>REGISTER YOURSELF FOR OTHER SHORT COURSES (MENTION HERE)</b>										
FOUNDATION	ADD ON	N VALUE ADDED								
Job-Orient	ED	ENTREPRENEURSHIP								
DI	ECLARATION B	Y THE C	CANDIDATE							
Ι	D/S/of Shri		declare that I am							
applying for admission with	the consent of my	Parents/ (	Guardians and that the particulars given							
above are correct. I agree to	abide by the rules	and regula	ations laid down by the DHE, Haryana/							
University/College for the C	Course.									
Place:	Date:		Signature of the Applicant							
<b>UNDERTAKING PLEDGE BY THE PARENTS / GUARDIAN</b>										
1. In case my ward is admitted, I do agree to be responsible for the prompt payment of the college fee and all other dues and indemnity to the government and the										
college in respect of all losses or expenses resulting from delay and failure to make any such payment or as the particulars given above providing incorrect at a later stage.										
<ol> <li>I shall be responsible for good conduct of my ward and also undertake that my ward will not</li> </ol>										
take part in any activity which will not be in the interest of the college.										
3. I am aware of the conditions for appearing in university examination that my ward has to										
qualify as per university norms.										
Place:	Date:		Signature of the Parent/ Guardian							
FOR OFFICE USE ONLY										
ELIGIBILITY CHECKED BY										
ADMISSION COM	IMITTEE		FEE DETAILS							
Member:		Amount Received:								
Convener:		Receipt No.:								
Dean Admission:		Date:								
		Fee Cle	erk:							

PRINCIPAL