

Dr. A.H. Rizvi P. G. College

Karari, Kaushambi

Session 20__20__

For Office Use

1. Admission No.
2. Date of Admission
3. Receipt No.....
4. Add. Fee
5. Name of State
6. Category

Signature of
Administrative Staff

Photo

1. Admission Form No. :
2. Class : (B.A./ B.Sc./M.A./M.Sc./B.Com)
3. Year : (First/Second/Third)
4. Subject/Selected by the Student -
(i)(ii)
(iii)(iv)
(v)(vi)
(vii)(viii)
5. Name of Student :
6. Father's Name :
7. Mother's Name :
8. Date of Birth Sex.....(Male/Female)
9. Address :
..... Pine Code.....
10. Mobile No. (i).....(ii).....(iii).....
11. Relation with Guardian :
12. (A) Nationality :(B) Religion :
13. Annual Income :
14. T.C. No. :

Details of Qualification

S.No.	Examination Passed	Class	Year	Board/University of Examination	Roll No.	Subject	Mark's Obtained	Division
1.	High School							
2.	Intermediate							
3.	Graduation							
4.	Any Others							

Signature of the Student

Principal