

WOMEN'S COLLEGE, CALCUTTA

B++ NAAC ACCREDITED

P-29, KSHIRODE VIDYAVINODE AVENUE, KOLKATA – 700 003

Phone: 033 2554 4540

APPLICATION FOR ADMISSION

Date of Receipt _____

Orders of the principal _____

Date of Admission _____

Roll No, in the Class _____

Prop. Sub _____

PHOTO

To

The Principal

WOMEN'S COLLEGE, CALCUTTA

Madam,

I beg to apply for admission to The 1st year / The 2nd year / The 3rd year class of you college. I promise to abide by all the rules and regulations of the college on admission and undertake to pay regularly all my dues to the college, I also pledge that I will ever strive to be true to the ideals this college stands for. I am furnishing below necessary particulars.

Phone no. (if any) :

Yours obediently

Signature of the Applicant

Date _____

1. Name in Full (in block letters) _____

2. Date of Birth _____ 3. Married/ Unmarried

4. Nationality _____

5. If Category

G	S.C	S.T	O.B.C	O.P.C
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(Photo copy of the certificate to be enclosed)

6. a) Father's Name _____

b) Mother's Name _____

7. Present Address _____

8. Permanent Address _____

9. Guardian's Name, Occupation and Address _____

10. Address of the Hostel if the students does not live with the father of guardian _____

11. Father's / Guardian, monthly income _____

12. If seeking admission on transfer. Name of the college from which transfer has been taken

13. University of Board from which migrating _____

14. University / Higher Secondary Council Registration Number and year _____

15. Extra Curricular Activities if any _____

16. Details regarding examination passed.

Examination with Rolls and Numbers	Subject Taken	Division Obtained	Percentage of Marks	School or College Attended	Year of Passing
Madhyamik or equivalent exam.					
Higher secondary / Plus Two					
B.A. Part I					

17. Combination subjects proposed to be taken _____

Honours Subject, if any _____

Date-----

Signature of the Applicant

GUARDIAN' S DECLARATION

I hold myself entirely responsible to the principal of the college for the strict and scrupulous observance of the rules and regulations on behalf of ward

Date-----

Signature of the Guardian
