



Admission Form

RAM DEVI JINDAL GROUP OF COLLEGES

Course Opted For

a) B.Tech. Branch: Civil EEE ECE CSE Mechanical
SEM: I II III IV

b) MBA. HR MKT FIN IT

c) Polytechnic Branch: Civil ECE Mechanical EEE
SEM: I III

d) BBA BCA B.Ed.

PHOTOGRAPH

Admission No.

Date:

(The form is to be filled by the candidate in his/her own handwriting in BLOCK LETTERS only)

1. Name in full

2. Father's Name

3. Mother's Name

4. Date of Birth

5. Address

6. Nationality

7. Telephone No. of Parents Mobile

8. E-mail ID

9. Category General Mgmt Reserved SC/ST/OBC

10. Hostel Required Yes No

11. Details of Qualifying Examination:

Name of the Examination

Marks Obtained Maximum Marks

District

State / UT

Board / University

Year of Passing

12. Transport required Yes No If Yes Pickup Point :

13. Blood Group

Following attested copies are enclosed with Application Form : Tick Appropriate one's

Matriculation Certificate / Proof of Age	<input type="checkbox"/>
Detailed Marks Card (10+2) or Equivalent Examination	<input type="checkbox"/>
Six Coloured Passport Size Photographs	<input type="checkbox"/>
Character Certificate from Institute Last attended	<input type="checkbox"/>
Migration / School Leaving Certificate	<input type="checkbox"/>
Domicile Certificate / State Subject	<input type="checkbox"/>
SC/ST/OBC Certificate (if applicable)	<input type="checkbox"/>
Detailed Marks Card of Diploma / Graduation Examination (if applicable)	<input type="checkbox"/>
Aadhar Card	<input type="checkbox"/>
Residence Proof	<input type="checkbox"/>

DECLARATION

I here solemnly confirm that I have read the Institute's Prospects and have clearly understood the points mentioned in the undertaking shall abide by the rules and regulations of the institute as mentioned in the prospects and also the changes which may be notified from time to time. I further confirm that the information give in the application form is correct and true to the best of knowledge.

I shall abide by the undertaking duly signed my ward.

Signature of the Candidate

Address.....

Date.....

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Course_____

Payments Details

Branch_____

	Amount Payable	Amount Paid	Receipt No.	Date	Mode of Payment DD/Cash	Balance	Remarks
Fee Adm.							
Hostel							
Transporation							

Remarks: _____

Counselor

Admission Incharge

Director/Dean

Place:_____

Date:_____