GOYT. DEGREE COLLEGE DODA



Phone: 01996-233552 Fax: 01996-233552, E-mail: principalgdcdo@yahoo.in Website: www.gdcdoda.com PASTE
PASSPORT
SIZE
PHOTOGRAPH

UNDERGRADUATE ADMISSION FORM 2017-18

Class	Stream				Submitted Date									
		PERSONAL INFORMATION												
Name of Applicant											Gender			
Name of Father					Name of Mother						Religion			
Date of Birth					Cate	Category					Nationality			
Address														
Email Address									Contact No.					
Subject Combination														
ACADEMIC QUALIFICATION														
Qualification		Roll No.		Year	r	Obtained Marks	Tot Mai		Percentage	Divisio	Board/ University			
Hr. Sec. Part-II														
Semester-1														
UNDERTAKING														
W	hether expel	lled/disqualified earlier?				Whether undertaking some other course?						Currently employed?		
		Yes/No				Yes / No						Yes / No		
I hereby undertake that the above information is correct to the best of my knowledge & belief.											pelief.			
					_									
SIGNATURE OF FATHER/GUARDIAN SIGNATURE OF APPLICANT														
					FOR	OFFICE	E USE	ON	LY					
SIGNATURE OF THE MEMBERS OF ADMISSION COMMITTEE														
1						2								
34CONVENER														
		Admission Fee Received		Adn	nissio	n No.	Date of	f Adn	nission	Signature of Concer		ned Cashier		
Space Office														
Enclosure	s to be sub	mitted wit	h this fo	orm.										
ωλ	Marks Cer	tificate of	f Quali	fying Exa	am ((03 atteste	d Phot	osta	t copies)					

- © Character Certificate (in original for Semester 1st only)
- ω Provisional Certificate (in original for Semester 1st only)
- ω Date of Birth Certificate (Attested Photostat copy)
- ω Category certificate (Attested Photostat copy)
- ω Affidavit in original (Format available in Prospectus cum Information Brochure)

Note: "All the original certificate shall be accompanied at the time of admission"