

SHAHEED CAPT. D.K. KHOLA COLLEGE OF EDUCATION

Zainabad, Distt- Rewari (Haryana)

ADMISSION FORM

SESSION-----

Date-----

Application No-----

Rank-----

College Roll No-----

Branch-----

Allotted category-----

Name of Student (In Capital letter) -----

Father's Name-----

Mother's Name-----

Date of Birth-----

Caste-----Category-----

Address-----

Contact No1.-----2)-----

Father's Occupation-----Annual Income-----

Educational Qualifications:-

Sr. No	Class	Name of Board	Board Roll No	Enrolment No	Passing Year	%	Division	Passing Subjects
1.								
2.								
3.								

Declaration:-

I-----solemnly declared that all the information's given above are correct to the best of knowledge.

Signature of Parents/Gurdiens

Signature of Candidate