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## MAITREE

## Professional College

867, NANHI DEORI MARG, VILLAGE BILAHARA RAJA, SAGAR, 470051, M.P. 2-07584-270420 Web Site - www.MaitreeCollege.com

## **ADMISSION FORM**

	Acad	emic Session 2	20 to	20				
Medium required faculty and class			Facu	lty				
	-	Class	; <u> </u>					
2. Medium of	हिन्दी		]	English				
3. Scholars Name :								
4. Fathers Nar	ne :	•••••						
5. Mothers Name :								
6. Profession: M.P.Govt. Central Govt. Public Sector Other								
7. Local Address and Phone No.:								
8. Permanent Home Address& Ph. No.:								
9. Guardians/Husbands Name :								
10. Relationship : Profession :								
11. Nationality :								
12. Mother Tongue:								
13. Date of Birth as per school leaving certificate: Day Month Year								
14. Educational Qualification								
Name of	Subject/s	Board/University		Passin	g Divisio	n Percenta	ge	
Examination				Year				
							-	
15. Subject you	wish to offer							
Compulsory			Optional					
	-							

16. Mention Extra curricular activities in w	hich participated					
Literary activities	N.C.C./N.S.S./N.O.S.					
Cultural activities	Hobbies					
Sports	Other Activities					
17. Are You Sch. Cast Sch. Tribe Backward Cast (if yes kindly enclose supporting documents/Certificate)  18. Are you a scholarship holder, if so please give details:						
DECLARATION  I promise to abide by the rules regulation and others of the college issued from to time . I also hereby declare that the statements given above are correct.						
Date of application:	Signature of Applicant					
I agree with admission of the application into the class						
Place: Date	Signature of Parent /Guardian /Husband					
Enclosures attached (Tick as applicable)						
Certificate of data of birth	Eligibility					
Marksheets of qualifying examination	SC/ST/OBC/or of being handicapped					
Transfer certificate of previous institution	Affidavit					
Character Certificate						
Employer Certificate	Total no. of enclosures:					
Provisional admission:  Remarks:						