

Total Marks :

Out of

Form No. _____



**Hemu Kalani Yadgar Mandal's
Smt. Jamnabai H. Wadhwa College of Technology**

Opp. Inlaks Hospital, Chembur Colony, Mumbai - 400 074.

Roll No. _____
Enrl. No. _____
En. Letr. No. _____
Dated _____
<small>(To be Filled by College Office)</small>

Admit
Principal

For Office Use Only :

ACADEMIC YEAR 2008 - 2009

Checked by _____	D. D. No. _____	Eigib
Rec. No. _____	Date : _____	
Date : _____	Amt. : _____	

Recent Photograph with light coloured dress must be affixed here.
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To,
The Principal,
Smt. Jamnabai H. Wadhwa College of Technology
Sir / Madam,

I wish to seek admission to the FIRST Year B.C.A. Class. I shall abide by the rules and regulations of the College which I have read in the prospectus of the College. I assure you that I will always strive to maintain and enhance the prestige of the Institution.

I UNDERTAKE TO ATTEND LECTURES AND PRACTICALS FOR AT LEAST 75% OF WORKING DAYS OF EACH TERM IN EACH SUBJECT.

* Students who are unable to attend college regularly (min. 75% attendance) due to various reasons, including health reason are advised to take admission in distant education.

I take the responsibility that my ward will observe the rules of the College, and comply with the undertaking.

Your sincerely

Name of the Guardian / Parent _____

Signature of the Guardian / Parent

Date

Signature of the Student

IMPORTANT INSTRUCTION : ENTER ALL PARTICULARS NEATLY IN CAPITAL LETTERS ONLY.

NAME	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First / Own Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Father's / Husband's First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mother's First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please ✓ (Tick) appropriate box.

Category

Open	SC	ST	DT (A)	NT (B)	NT (C)	NT (D)	OBC	SBC	OTHER	PHY. HANDICAPED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concession

Def.	Exserv.	Sports	NCC	W / D	FFC	EBC	PTC	STC	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form No. _____

**Hemu Kalani Yadgar Mandal's
Smt. Jamnabai H. Wadhwa College of Technology**

Date _____

Received from Mrs./Ms. _____

Application form for admission to _____ B.C.A. Class 2008-2009

Receiver's Signature _____

Local Address :

Native Place (For Rly. Concession) :

City _____ Pin _____ Tel. _____

City _____ Pin _____ Tel. _____

Nation : _____ State : _____ E-mail ID _____

Mob. No. _____ Blood Group _____ Nationality _____ Mother Tongue _____

Religion : Hindu / Christian / Muslim / Parsi / Sikh / Boudh / Nav Boudh Caste / Sub Caste _____

If Physically challenged : Visually impaired/ Speech and / or Hearing impaired / Orthopaedic Disorder or Mentally Retarded.

Medical Disorders if any : _____

II Birth Details : Date :	DD	MM	YYYY	Place of Birth _____
Age : _____				Identification Mark _____

III Particulars of Father / Mother / Guardian :
Occupation _____ Annual Family Income (Rs.) : _____
Office Address : _____
Office Tel. No.: _____ Mobile No. _____

ACADEMIC RECORD FOR THE LAST YEAR

Name of the last Examination with Div & Roll No.	Name of the Junior College / Degree College (with its address from which you have passed)	Year of Passing / ATKT	Examination Seat No.	Marks obtained	Out of	Stream

EXTRA CURRICULAR ACTIVITIES & ACHIEVEMENTS : (Tick) ✓

Sports :	Literary :	Fine Arts :	Performing Arts :	Any other Activity :
Cricket <input type="checkbox"/>	Debate <input type="checkbox"/>	Painting <input type="checkbox"/>	Singing <input type="checkbox"/>	N.C.C. <input type="checkbox"/>
Football <input type="checkbox"/>	Elocution <input type="checkbox"/>	Rangoli <input type="checkbox"/>	Dance <input type="checkbox"/>	N.S.S. <input type="checkbox"/>
Athletics <input type="checkbox"/>	Quiz <input type="checkbox"/>	Cartooning <input type="checkbox"/>	Mono Acting <input type="checkbox"/>	_____ <input type="checkbox"/>
Indoor <input type="checkbox"/>	Essay <input type="checkbox"/>	_____ <input type="checkbox"/>	Skit <input type="checkbox"/>	_____ <input type="checkbox"/>

Documents Attached : (Tick) ✓

1. L.C. / T. C./ N.O.C.	Original	Xerox Copy	2. Mark Sheet	Original	Xerox Copy
3. Caste Certificate			4. Eligibility / Migration		
5. Income Certificate			6. Passing Certificate		

