



DARSH COLLEGE OF EDUCATION , GOHANA

Near Saini Pura Village at Gohana-Panipat Road, NH-71 A, 7 K.M Mile Stone from Gohana,
Sonepat (Haryana)-131301, Contact No:- 9215353008

Admission Form

Session:-.....

**Paste here
recent Photo**

Only for office use: - Roll no:-..... Registration No:-.....

Class in which Admission is sought:-.....

1. Name of the Student: -
2. Date of Birth (As Per Matriculation Certificate):-
3. Father Name: - Mr. Mother's Name: - Mrs.
4. Father's Occupation:-.....Mother's Occupation:-.....
5. Category: Sex:Nationality:-..... Locality: - Rural/Urban,
Aadhar No:-..... Marital Status.....
6. Address: -
.....
.....PIN Code:.....
7. Contact No:-..... .Contact No: -
8. Previous class Roll No. :-..... Results.....
9. Subjects To Be Taken: - (1)..... (2).....
(3)..... (4).....

Academic Qualifications:-

Level	Roll No	Board/University with Name of Institution	Subjects	Marks Obtained/Maximum Marks	%
Matric					
10+2					

11. Give particulars of expulsion/disqualification, if any, for misconduct etc. or for the use of unfair means in any previous examination.

Class _____ Year _____ Roll No. _____ Action Taken _____

DECLARATION

I _____ declare that all the information and documents given/submitted by me in/for the admission purpose is/are true and correct to the best of my knowledge. I assure that I shall abide by all the rules and regulation of the Institution which are in force now as well as those which come into force later from time to time. I, further assure that I would do nothing inside or outside that would go against the law, discipline and orderly working of the Institution. I understand that if (1) any information/documents herein is/are found to be incorrect or (2) I am found indulge in any act of indiscipline/illegal or if (3) I fall to pay the dues in time, I shall be liable to any punishment awarded by the Institution; this may include striking off my name from the rolls of the Institution. I also undertake that I will immediately deposit the scholarship to the college after receiving from the concerned government. If I leave the course after taking admission I will deposit the full fee of the course to the college.

DATE: -

Signature of the Candidate

Affidavit from the Father/Guardian

I, _____ certified that I am the father/guardian of

----- who has applied for admission in this Institution; I/we will abide by all the rules and regulations of the Institution which are in forced now as well as those which may come into force later from time to time. I am responsible for all the actions and statement of my child. I will pay all the required fees, scholarship and other charges at the time.

Date: - _____

Signature of the Father / Guardian

FOR OFFICE USE ONLY

Admission/Scrutiny Committee

1

2

3

PRINCIPAL

Date:-