



## Gangadharpur Mahavidyamandir

Gangadharpur, Howrah  
Phone No.: 03214-251223

Affix  
Photo  
Here

**Form No :**

**For Office Use Only**

Date of Admission :

Admitted to :

Roll No :

Verified by:

**Courses Applied for :**

**Applicant's Details :**

Applicant's Name :

Gender :

Date of Birth :

Blood Group :

Reservation :

Religion :

Father's/Guardian's Name :

Mother's Name :

Address :

Phone :

Aadhar Card No :

University Reg No :

Previous Exam roll No :

Last Examination Marks Details:

I, hereby declare that, I agree to abide by the rules and regulations of College and also to the decision of the authority, regarding my eligibility for admission at the desired course. I have noted that the Authority has the right to withhold my application or cancel the application as may be deemed fit in the event of any of the statements made above being found incorrect.

Signature of Father/Guardian

Date of Submission : 28-09-2020

Signature of Applicant