

Signature of Father/Guardian

## **Gangadharpur Mahavidyamandir**

Gangadharpur, Howrah Phone No.: 03214-251223

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Photo	
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Signature of Applicant

Form No:	Application for 2nd/3rd Year Online Admission in Academic Session 2017-2018	
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 N	Name :	Mother's Name :
Address :		
Phone :		Aadhar Card No :
University Reg No:		Previous Exam roll No :
Last Examination Ma	rks Details:	
I, hereby declare that, I a	gree to abide by the rules and regulations	of College and also to the decision of the authority, regarding my
eligibility for admission at	t the desired course. I have noted that the	Authority has the right to withhold my application or cancel the
application as may be de	eemed fit in the event of any of the stateme	nts made above being found incorrect.

Date of Submission: 13-05-2025