



Form No.: CAGC/2024/\_\_\_

# THE CALCUTTA ANGLO GUJARATI COLLEGE

AFFILIATED TO MAKAUT

5 POLLOCK STREET, KOLKATA- 700001

ADMISSION FORM FOR BBA  BCA

SESSION: \_\_\_\_\_

1. NAME: \_\_\_\_\_
2. CONTACT NO. : \_\_\_\_\_ E-MAIL: \_\_\_\_\_
3. AADHAR NO. : \_\_\_\_\_
4. ADDRESS : \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_ NATIONALITY \_\_\_\_\_
6. GENDER : \_\_\_\_\_ RELIGION: \_\_\_\_\_ CASTE: \_\_\_\_\_
7. FATHER'S NAME : \_\_\_\_\_
8. MOBILE NO. : \_\_\_\_\_
9. MOTHER'S NAME: \_\_\_\_\_
10. MOBILE NO. : \_\_\_\_\_
11. GUARDIAN'S CONTACT NO. \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## PARTICULAR OF PREVIOUS EXAMINATION:

LEVEL	BOARD/UNIVERSITY	SCHOOL/COLLEGE	MARKS OBTAINED (%)	YEAR OF PASSING
CLASS 10				
+2				
Any other				

## FEES DETAILS :

1. Amount Deposited: \_\_\_\_\_
2. Mode of Payment : \_\_\_\_\_
3. Cheque/DD No. : \_\_\_\_\_
4. Date: \_\_\_\_\_

Cost : Rs. 500/-

## DECLARATION

I solemnly declare that the above particulars are true and correct. I have studied the rules and regulation of the college. I undertake that my ward will abide by the rules and regulations that are or may be in force from time to time. In case of the breach of the rules and regulation of the college by me or my ward, you can rusticate my ward from the college.

Photocopies of all marksheets & certificates, Age Proof, Aadhar card, Caste Certificate (if applicable) must be enclosed along with 4- stamp size photographs. Originals must be produced along with this form for verification.

\_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Signature of Candidate

Date: \_\_\_\_\_

### (For Official Use )

Admission permitted to course \_\_\_\_\_

Date of Admission : \_\_\_\_\_

Scholarship Category : \_\_\_\_\_

Fees Received (In words) : \_\_\_\_\_ Date: \_\_\_\_\_

Adm. Fees (Rs.)	Sem. Fees (Rs.)	Caution Money (Rs.)	Scholarship (Rs.)	Other Fees (Rs.)	Total (Rs.)	Date/ Receipt No

Date : \_\_\_\_\_

\_\_\_\_\_  
Verified by

To,

Sri/ Smt. \_\_\_\_\_

Received application form no.: \_\_\_\_\_ Dt. \_\_\_\_\_ for admission of

\_\_\_\_\_

\_\_\_\_\_  
Receiver Signature with Date

\_\_\_\_\_  
Signature of Director