Category- | Gen. | OBC | SC | ST | MINORITY |

Form No- 2002

Gender- Male ☐ Female ☐

Course

Application No..... Transaction ID. .....

ACM COLLEGE OF EDUCATION

(Run by Late Shri Ashok Chand Maloo Shikshan Sansthan Samiti, Seoni)

(Approved by NCTE Govt. of India New Delhi, recognised by higher Education Govt. of M.P. Bhopal, and Affiliated by :- RAJA SHANKAR SHAH UNIVERSITY, CHHINDWARA (M.P.)

☎07692-220022, 9425175757 E-mail:acm_edu@yahoo.in, wed. www.acmindia.com

ADMISSION FORM

Session 202.....

Afixed a recent passport size photograph here

1. Class.....2. Year.....
3. Subject Group.....
4. Name of Student.....
5. Father's Name.....
6. Mother's Name.....
7. Permanent Address.....
   ..... Pin. ☐☐☐☐☐☐
8. Present Address.....
   ..... Pin. ☐☐☐☐☐☐
9. Mark's obtained in entrance-examination (if conducted)/date of counseling.....
10. Date of Birth (in Figure) ☐☐☐ (in words).....
11. Caste..... 12. Language of Examintion.....
13. Profession of Father/Guardian.....14. Blood Group.....
15. Details of Scholarship received in previous class.....
16. Tick in which you have participated 1.SPORTS (Name of Sport).....
    2. NCC ☐ 3.NSS ☐ 4. Others Activity.....
17. If there is any break during last 5 years of study. If yes enclosed duration affidavit .....yes/No
18. Details of services you have participated in.....
19. Details of successive classes.....

SN.	Class	University / Board	Subject	Year	School/ College	%Obtained

ACM COLLEGE OF EDUCATION, SEONI

Name of student.....father's name.....

course..... Session.....

Date.....

Contact-9425175757 (time11am to 5 pm)

DECLARATION BY STUDENT

I Shri/ku./Smt.....S/o./D/o.....

am studying in this college as per university and Govt. rules. I here by declare that-

1. I will follow all the rules and regulation of the college.
2. I will regular in classes. My attendance will not go below 75%.
3. I will pay my fees timely.
4. I will bounded to follow the rules, if modified by Govt. in future.

Promise that I will not Participate in strikes. Castism and any other antisocial activities. If I ever found disobeying above, I will be responsible for being restricted or any such action against me by the management.

Signature of Student

Affidavit (Father/Guardian)

I (Name of father/Guardian) ..... residing at..... have read all the instruction from 1 to 18. I promise that my Son/Daughter..... will not disobey theses If he/she does this will be my responsibility.

Signature of Father/ Guardian

Signature of Mother .....

Address and Ph.No. of Father/Guardian

.....

Affidavit (Student)

I (Name of Student).....

Son/Daughter..... residing at..... have read all the instructions from 1 to 19 and I promise to obey those all and will try to follow rules and regulation of the college, University and U.G.C. guide line which make a learning environment.

Signature of student with address

ADMISSION SLIP

Application No. .....

Date of Admission .....

Transaction ID. .....

Remark / Round ..... Signature of Authority