Sheeladevi College of Education,

Wadi, Nagpur.

Photo of Student

APPLICATION FORM

20 - 20

096

Personal details :-

First Name				· ·				
rust Name		Middle Name		Last Name				
Mother's Name		Fether's Full Name						
Postal Address :				State		Pir	Pin	
Permanent Address :				State			ז	
Mobile No.		E-Mail Id						
Date of Birth		DOB (In Words)						
Category/Caste		Religion		Gender				
Nationality		Whether Handicaped/ Blind		Andhar No.				
Name of Course .				Semester Med		Medium	dium	
Examiation Passed Board / University				Roll No.			ession	
Subject to Offered					%		/	
Marks Obtained	•		·					
Subject 1	/100	Subject 2	/100	Subject 3		T	/100	
Subject 4	/100	Subject 5	/100					
Total Marks		Percentage						
Date of Admission in College				Date of Payment				
The above information furnishe	ed by me is tru	e and correct.						
Date				Signature of Student				