| | | Form No.: |
|--|---|---|
| MULT MEL MEL MULT | मलटिचैनल शैक्षिक संस्थान मलटिचैनल शैक्षिक संस्थान Office: - Post Office Road, Lal Bazar, Srinagar - Ka E-Mail: - chairman@jkhelps.com OR multichann Mobile: - +91-9906413397 / +91-97 | ملٹچیں ایپولیشنل اسٹچ ashmir, J&K, India 190023 nel_edu_instt@yahoo.com |
| APP | LICATION FOR ADM | ISSION |
| IMPORTANT INSTRUCTION Reference Number (to be give Appendix 'J'. Follow these steps: (i) Fill in the form but do not (ii) Paste your recent photo (iii) Then sign the form and | Paste here your photograph of size 4 x 3 cm in this box only. Do not use pin or stapler | |
| | | Signature Of The Student |
| 1. Name of candidate in CAPITA | L Letters:- | |
| 2. Father's Name in CAPITAL Le | etters: - | |
| 3. Mother's Name CAPITAL Lett | | |
| | | |
| 4. Guardian's / Institution's Name | e in CAPITAL Letters for Orphan: - | |
| 5.Postal Address in CAPITAL Le | tters/Orphan Homes : - | |
| | | |
| Address: - | | |
| | | |
| District: - | | |
| State: - | | Pin Code: - |
| E-mail: - | | |
| Mobile: - | Telephone: - | |
| 6.Date Of Birth:- | Alternate No.: - | |
| 7.Gender: - | 13. Mother Tongue: - | 19. Place of Residence: - |
| 8. Category: - | 14. Nationality: - | 20. Your Geographical Area: - |
| 9. Disability: - | | 21. Employment: - |
| 10. Disadvantage Group: - | 16. Your Previous Qualification: - | 21a. Extra Curricular Activities: |
| 10a. Orphan: - | 17. Father's Edu. Qualification: - | 22. Annual Family Income: - |
| 11. Course Applied for: - | 18. Mother's Edu. Qualification: - | 22a. Economically Backward: - |
| 12. Medium of Study: - | | |
| 23. Choose subjects (Minimum S | & Maximum 7 see table-1) 23. Are you applyin | g under part admission or dual enrollment: - |

| S. No. | Select Subject | Code | S. No. | Select Subject | Code | |
|--------|----------------|------|--------|----------------|------|--|
| | | | | | | |
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| 24. Xth Board Exam: - | | | | | | | i | _ | _ | | | | | 1 | | | | |
|--|---|----------|----------|------------|-------------|------------|--|--|--------|---------|----------|-------|---------|-------|--------|----------|-----------|--|
| (a) Year of Passing | | | | | (b) F | Roll No. | | | | | | | | | | | | |
| (c) Code of the Board | | | | write the | code a | s per inst | ruction r | nentio | oned | at Ap | pend | х - | J. | | | | | |
| | | | | | <u>Ag</u> | reement | <u>t</u> | | | | | | | | | | | |
| l, | | | | | | D/o.: | | | | | | | | | | | | |
| R/o: | | | | | | | | | | J | ammu | and | Kas | hmir, | do he | ereby so | lemnly | |
| affirm and declare on oath as u | under: - | | | | | | | | | | | | | | | | | |
| 1. That deponent has sought a | | | | | | | , | | | | | | | | | afte | r going | |
| through and fully understandir | - | | | • | | | | | | | | | | | | | | |
| 2. That the deponent solemnl | - | | | | | | - | | | | - | | | | | | | |
| judgment passed by the Hono | | | | | | | | | | | | | | | | | | |
| where in the honorable court vacant and the institute would | | | | | | | | | | | | | | | | | | |
| particular students may leave | | | | | | | | | • | | | | | | | | • | |
| balance fee for the whole the c | | | | | | | | | , | | 0 | | | | U | | | |
| Signature of the Parent | | | | | | | | | | | | D | epor | nent | | | | |
| Verification: - verified on this t | the | dav | of | | • | hat the av | ermente i | nada l | horo i | n ahov | /o aro | truc | and | corr | oct ar | nd nothi | na has | |
| been concealed there in | une | uay i | | | , t | nat the av | | nauei | | | | uue | anu | com | sol ai | | ng nas | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | D | ероі | nent | | | | |
| | DEC | LARA | TION | BY APP | PLICAN | - | | | | | | - | | | | | | |
| I | odord | undorot | and the | | a of oligib | | /D/o | | | | | | | | | imumo | iaihility | |
| hereby declares that I have re- criteria and I have provided no | | | | | | | | | | | | | | | | | | |
| shall be liable to cancellation | | | | - | | | | | - | | | | | | | | | |
| carefully understood the rules | | | | | | | | | | | | | | | | , | | |
| Counter signature of Parent | /Guare | dian | | | | | | | | | | s | Signa | ture | ofCa | ndidate | • | |
| 25. Above statement have | been v | verified | with t | the origin | al Marks | sheet /iss | ued by o | conce | rned | state | boar | d: - | _ | | | | | |
| | | | | Check T | | | | | | | | | | | | | | |
| (1). Original application for | m | | | | | (7). Self | certificat | e rega | rding | educa | tional | qual | ificati | ions | | | | |
| (2). 4 Photographs of admis | (2). 4 Photographs of admission form along with enclosures (8). Pho | | | | | | | notocopy of marksheet of class X board Examination | | | | | | | | | | |
| (3). Certificate of date of birth | | | | | | (9). Cer | tificate fro | m the | emplo | oyer fo | or Ex- s | servi | icema | an | | | | |
| (4). Certificate of SC/ST | (4). Certificate of SC/ST | | | | | | (10). Certificate from the govt. hospital for a handicapped person | | | | | | | | | | | |
| (5). Transfer Certificate fror | n the la | st schoo | ol atten | ded | | (11). Or | ginal failu | ire/cor | npartr | nent m | narksh | eet | of cla | iss X | or XII | for TO | c 🕅 | |
| (6). Proof of residence | | | | | | | d laminate iginal VIII | | | | | pteo | d | | | | | |
| | | | | 0 | FFICE | USE | ONLY | | | | | | | | | | | |
| Basic Qualification: | | | | , | Roll N | lo.: | | | | | Ye | ear | Of P | assii | ng: - | | | |
| Course Applied For: | | | | | Strear | n: | | | | | Da | ate | Of J | oinin | ıg: | | | |
| Reference No.: | | | | | . Enrollr | nent No.: | | | | | Se | essi | on F | or: - | | | | |
| Category: | | | | | - | | | | | | | | | | | | | |
| It is certified that appl | ication | form w | vith fe | e is recei | ved dire | ctly from | the learı | ner alo | ongw | ith th | e abo | ve r | nent | ione | d end | losure | s. | |
| | | | | | | | | | | | S | Sigr | natu | ire c | of Co | o-ordi | nator | |
| | | | | | | | | | | | | | | | | | | |