

	Gujarat Research Society's H. J. COLLEGE OF EDUCATION Affiliated to University of Mumbai Dr. Madhuri Shah Campus, R.K. Mission Marg, Khar (West), Mumbai – 400 052. Tel: 022 – 26044641 NAAC Reaccredited - ‘A ⁺ ’ Grade	Attach one photograph here
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Please complete this form in CAPITAL LETTERS. Tick whatever is relevant.

Form No:		College Code	HJCE	Course Applied For	ECCED
Year:		Registration No		Medium	ENGLISH
				Registration Date	

Personal Details

	Last Name	First Name	Middle Name
Name of Student			
Father's/Husband Name (Any One)		Mother's Name	
Gender		Date of Birth	
Place of Birth		Mother Tongue	
Marital Status		Nationality	
Blood Group		Aadhar Card No:	
Native Place		E- Mail ID	
Mobile No. 1		Residence / Mobile No. 2	
Alternate Contact No		Parent Phone	
Religion		Voter ID Card No	

Address for correspondence:

Full Postal Address:	Permanent Address:	Father's / Husband's/ Mother's Name and Designation (Full Postal Address of office)
Telephone No.:		
Email:		

Legal Information Section

Domicile State :	Admission Type :	Caste Category :
Sub-Caste :	Phy. Handicapped :	

Academic Qualifications: Submit relevant Photocopies & Present originals for verification during submission of this Form

Degree/s	Year of Passing	Class / Grade	Marks Secured out of Total	Percentage of Marks	Names of University / Board
S.S.C./I.C.S.E./CBSE					
STD XII / H.S.C.					
B.A./ B.Sc./ B.Com/ Any Other					
M.A./M.Sc./M.Com/ Any Other					
Any other Qualification					

Guardian / Parent/ Husband Information Section

Guardian's/Parent's/ Husband Name :	
Occupation of the Guardian/Parent/Husband :	Annual Income of the guardian/Parent/Husband :
Relationship of Guardian with applicant :	Guardian/Parent/Husband Phone No :

Other Information Section

Mother Tongue :	Employment Status :
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Special Interest and Hobbies :

Work Experience :

Undertaking by Student:

I, Ms. / Mr. _____, assure that, I will be regular in attendance, for lectures/practicum/internship/tutorials/examinations and that I will complete the course of study to your satisfaction. I also agree to abide by the rule, that if my attendance and /or performance is not found satisfactory, I may not be granted terms and I may not be allowed to appear for Semester end examinations.

Applicant's signature:	Date:	Place:
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Undertaking of fitness:

I, Ms. / Mr. _____, the undersigned, hereby give this declaration regarding my Health status to the College:

That I have minor / major medical issue: Yes / No

If Yes, Please specify following details: Type / Name of Illness: _____

Name of the Treating Doctor: _____ (M): _____

Medicines advised: _____

In case of emergency person to be contacted: _____ (M): _____

I hereby declare that the contents of the above undertaking are true and verified by my Parent / Guardian/ Husband. I shall not hold college authorities responsible for any health eventuality caused during my presence in the college premises or while I am on Practice Teaching / Internship in the school premises allotted to me.

Applicant's signature:		Parent/Guardian/Husband Signature:	
Date:		Date:	

Declaration:

1. I have gone through the rules specified and I shall abide by them.
2. I am aware that, in case of incorrect information filled in, forgery of documents, unlawful acts, I am liable to Legal action.
3. I do not have grievances about my academic score written above, I confirm and agree to it.
4. I hereby declare that all information furnished by me is true, complete and correct.
5. I understand that entries made by me in this application are final and binding.

Applicant's signature:	Date:	Place:
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