SIBSAGAR COMMERCE COLLEGE, SIVASAGAR (ASSAM)

1. Applicant's Name in full (In **Block** Letters)



Signature of the Co-ordinator

Application Form for Admission into Add-On-Course for the Session 20	
Name of the Add-On-Course :	Sl. No:
•	

2. Applicant's Contact No. (WhatsApp)	
3. Date of Birth	
4. Religion	
5. Sex (Tick the appropriate gender) (Male/Female) 6. Father's name	
Occupation: Contact No	
7. Mother's name	
8. Permanent Address Village/Town P.O	•••••
P.S Dist Dist	
PIN: email :	
9. Caste (Tick the appropriate box): SC () ST Plains () ST Hills () OBC () MOBC () Ger	()
10. Whether belong to Minority Community Yes / No (Islam / Sikh / Christian / Buddhist / Other	·)
11. Whether belong to Tea Garden Community Yes / No	
12. Details of last Examination Passed (Attach self-attested Xerox copies):	
Name of the Year of Roll No Subjects	
Examination Passing The Year	
13. Applicant's Bank Account Details: i) Bank Name: ii) Branch:	
iii) Account No: iv) IFSC Code:	
I declare that the above particulars furnished by me are true and correct to the best of my known and belief and I shall solely be held responsible for any discrepancy found in the facts given by me. Most shall attend all the classes regularly and follow all the rules and regulations of the College.	_
Signature of Father/Mother/Guardian Full Signature of the Ap	pplicant
(For Office Use Only)	
The Applicant is allowed to take admission into for the session	
Remarks (if any):	
	1170

SIBSAGAR COMMERCE COLLEGE

SIVASAGAR