



REGISTRATION FORM
SIBSAGAR COMMERCE COLLEGE

Class Roll :

1. Name of Student [*Block Letters*] :
2. Father's Name :
3. Mother's Name :
4. Home Address :
5. Contact no. :
6. Caste :(GEN/ST/SC/OBC/MOBC)
7. Date of Birth :/...../..... (DD/MM/YYYY)
8. Sex :
9. Religion :
10. Migrated :(Yes/No)
11. Subject Offered
- i) **English (Compulsory)** ii) (MIL/ALTE/HIN)
- iii) Accountancy iv) Business Studies
- Elective [Any Two]:** v)
- vi).....
- (Finance/Economics/BMST/Math/SAAD)

12. Details of Passing HSLC

Name of Board	Year of Passing	Board	Roll and No.	Mark Obtained (out of total mark)	Total Mark	Percentage
		SEBA/CBSE	Roll <input style="width: 40px; height: 15px;" type="text"/> No <input style="width: 40px; height: 15px;" type="text"/>			

I certify that the above mentioned particulars are true to the best of my knowledge and belief. If any information is found false I shall be liable to any action the council deems fit and proper.



Photo



Full Signature of the Candidate