Kimaya Education and Multipurpose Society, Deshpur, Tal. Armori, Dist. Gadchiroli Samidha College of Civil Services, Adapalli (Gogaon) Affiliated to Kavi kulguru Kalidas Sanskrit University & Recognised by Govt. of Maharashtra Higher Education Ministry SAMIDHA Add. C/o. Kalidas Raut, In front of Function Hall, Chamorshi Road, Gadchiroli - 442605 Mob. 9420177146, 8080218310, 9422806955, 9422154569 Email: samidha.bcs@gmail.com **ADMISSION FORM** College Session - 20 Please paste Course Admitted to: passport size For College Form No. Roll No (35mm 45mm) use only Admission Date: photograph here, Do NOT Kindly read important notes before filling-in form staple photo, should not 1. Use black ink to fill in the form and Do Not overwrite exceed the borders. 2. Fill in all fields in CAPITAL letters only 3. Strike-off whichever is NOT applicable Eg if you are a Male: Gender Male Course applied for (BA (Civil Ser.) / MA (Pub. Ad.): Student should sign strictly inside Course Part or Semester applied for (eg. 1/2/3/4): this box only with black ink Applying for Concession EBC / SC / ST / NT / OBC / SBC / PTC / STC / Freedom Fighter / Ex Service Man: Admitted against which Category: Open / Reserved If Reserved, Specify: 1. Personal Information Section : Last Name First Name Middle Name Name of the Student . (In case of changed name, write current name) Name of the Student (in local language): Name of the Student as printed on Std. 10 Passing Certificate: Father's / Husband's Name: Mother's Name Previous Name of the Student: (In case of changed name) Reason for name change: Willingly / After Marriage Marital Status: Unmarried / Married / Divorced / Widowed / Desserted. Date of Birth (DD/MM/YYYY) Gender: Male / Female Place of Birth Blood Group (with Rh): Religion: Citizen of (Country name) Student's Location Category: Rural/Urban/Tribal Address for Correspondence

Permanent Address (write only if different than 'Address for Correspondence')

State : District: Tahsil: City/Town/Village

Tahsil:

Address (House No. Streetarea/suburb etc.)

Contact Details

Pin Code

 Phone #1 STD Code :
 Phone No.
 Phone #2: STD Code
 Phone No.

 Mobile number
 Email ID :

2. Legal Reservation Information Section

Address (House No. Streetarea/suburban etc.)

Domicile of State : Category Open/Reserved If Reserved : SC/ST/NT(A)/NT(B)/NT(C)/NT(D)/OBC/SBC

Caste Sub-Caste If Physically Challenged Visually impaired / Speech and / or Hearing impaired / Orthopedic Disorder or Mentally

3. Social Reservation Information Section (Check (a) Whichever is applicable, write name of supporting document attached, in section 6)

Ex-Serviceman/ Ward of Ex-Serviceman

Active Serviceman Ward of Active Serviceman

Member of Project Affected Family

Freedom Fighter/Ward of Freedom Fighter

Member of Earthquake Affected Family

Active Serviceman Ward of Active Serviceman

Freedom Fighter/Ward of Freedom Fighter

Ward of Primary Teacher

Ward of Secondary Teacher

Deserted Divorced / Widowed Women

Member of Project Affected Family

Member of Earthquake Affected Family

Member of Flood Famine Affected Family

Resident of Trbal Area

Kashmir Migrant

Please Turn Over

City/Town/Village

4. Guardian I	nformation Section	n			p 5			
Occupation of the Guardian : Service/Business/ProfessionFarmer/Labour/Retired						Annual Income of the Gardian (Rs): (Last Financial Year)		
Relationship of guardian with applicant:						Phone No		
5. educational examinations)	l Details Section (\ Please Note, 10th I	Write YES' in last of Details are mandate	column against the quory in any case	alifying examina	tion on basis of wh	nich the said course	write NO in	front of other
Last College Attended :				Year		Roll No		
Name of Examination	Name of Board/ University	Name of School/College	Date of Passing (DD/MM/YYYY)	Examination Seat No (Last)	Degree Passing Certificate No	Grade Total Marks Obtained	Out of	Qualifying Examination(Y/N
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6. Selected / O	pted Papers Section	n (Write paper coo	des of paper name onl	y, in the boxes)	1 1 2 2 2	4 17		
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9. Declaration	hy Student:				-		-	-
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10) Declaration	by Guardian:							
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