

ADMISSION REGISTRATION FORM
ADMISSION TO 3 YR BACHELOR DEGREE (B.VOC) IN HEALTH CARE

- A. Candidate's Name :
- B. Father's/ Guardian's Name :
- C. Mother's Name :
- D. Date of Birth :
- E. Gender :
- F. Category : SC* / ST* / OBC-A / OBC-B*/GEN (tick only in the appropriate category)
- G. Person with any Disability : YES* / NO (tick only in the appropriate category)
- H. Address of Communication :
- I. Contact Mobile Number : WhatsApp Number :
- J. mail address (If any) :
- K. AADHAR Card Number :

L. Details of Higher Secondary / Equivalent (10 + 2) Examination / NSQF Level IV Passed

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|---|---------------------|---|----------------------|-----------------|---------------------|
| 1 | Name of Examination | | 2 | Year of Passing | |
| 3 | Full Marks | 4 | Total Marks Obtained | 5 | Percentage Obtained |

Documents to be Enclosed: Photocopies of (a) Admit Card of MP, (b) Mark Sheet of MP, (c) Admit Card of HS, (d) Mark sheet of HS, (e) HS Council's Registration Certificate, (f) Caste Certificate (if any), (g) Photocopy of Aadhar Card

SELF DECLARATION

I do hereby declare that during my period of residence in this college

- (i) I shall abide by all the stipulated rules, values and codes of conduct of Mahishadal Raj College and Vidyasagar University.
- (ii) I recognise the need for on line classes and ready to keep one Smart Phone or similar device with required internet I agree to attend mandatory internship/ on job training in any industry within the jurisdiction of West Bengal assigned to me by the college authority.

I undertake that if at any stage I fail to comply the above terms and conditions, the College authority will have the legitimate right to dismiss my candidature or impose penalty (which ever the authority thinks fit)

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Full Signature of the Candidate

First Instalment of Annual Course Fee of Rs.5000 paid in Cash

(Please send scan copy of the duly filled up Admission Registration form to our Email:
mrcbvocadmission2023@gmail.com or whatsapp it to : Prof. Sourav Pattanayek 9733776191)