Deen Dayal Upadhay KAUSHAL Kendra MAHISHADAL RAJ COLLEGE

MAHISHADAL : PURBA MEDINIPUR : PIN - 721628

Session: 2025-2028

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

	A.	Candidate s Na	ime		•						
	B.	Father's/ Guardian's Name			:						
	C. Mother's Name				:						
	D. Date of Birth				:						
	E.	Gender			:						
	F.	. Category :SC			C* / ST* / OBC-A / OBC-B*/GEN (tick only in the appropriate category)						
	G.	Person with any	ny Disability : YES* / NO (tick only in the appropriate category)								
	H.	Address of Cor	nmunicatio	1	:						
I. Contact Mobile Number					: WhatsApp Number :						
	J. mail address (If any)										
	K.	AADHAR Care	d Number		:						
	L.	Details of High	ner Seconda	ary/	Equivalent (10 +	2) Examin	ation	n / NSQF Level IV	Passed		
	1	Name of Exam	mination				2	Year of Passing			
	3	Full Marks		4	Total Marks Obtained		5	Percentage Obtained			
(d)	Mai			•		ertificate, (f) Cas	Mark Sheet of MP, (ste Certificate (if as			
I do	hereb	y declare that during r	my period of resi	dence	in this college						
		I recognise the need	for on line clas	ses and	d ready to keep one Sma	rt Phone or sin	nilar de	lege and Vidyasagar Universities with required internets of me by the college author	et I agree to attend manda	tory	
		e that if at any stage I penalty (which ever the			ve terms and conditions,	the College au	thority	will have the legitimate ri	ght to dismiss my candida	ture	
		Full Signature of the Candidate									
					of Rs.5000 paid i		SBI	A/c No: 395191	03556, IFSC Cod	le:	

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