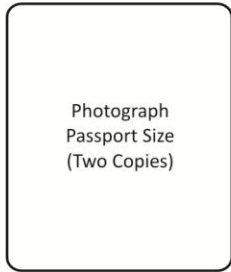




IBA Community College N. Feroze

ADMISSION FORM



Class: _____ Form No _____

Name: _____ (USE CAPITAL LETTERS)

Father's Name: _____ (USE CAPITAL LETTERS)

Surname: _____ Guardian's Name: _____

Admission to Class: _____ Mother Tongue (M.T): _____

Mark of ID: _____ Religion: _____

Last school attended: _____

Date of Birth (in figures): _____ Age at Closing Date: _____

Date of Birth (in words): _____

Place of Birth: _____ Taluka & District: _____

Father's/Guardian's Occupation: _____

Father's/Guardian's Qualification: _____ (Please mention only highest qualification)

Mother's Qualification: _____ (Please mention only highest qualification)

Family Income (per month): _____

Brothers / sisters studying in our college:

1. Name: _____ Class: _____

2. Name: _____ Class: _____

3. Name: _____ Class: _____

Permanent Address: _____

_____ E-mail: _____

Postal Address: _____

Phone(s) Mobile: _____ Office: _____ Res: _____

ACADEMIC QUALIFICATIONS:

Certificate	School/College Last Attended	Board	Year of Passing (Annual/Supp:)	Grade/Division	Marks	%	Major Subjects
SSC-II							
Any other							

- The above information is correct to the best of my knowledge.
- I hereby do abide by all the rules and regulations of the Institute.

Dated _____

Note: Please attach Birth Certificate (NADRA) for Montessori Class

Signature
Father/Guardian

FOR OFFICE USE ONLY

The candidate interviewed on _____

Admission allowed to class _____

Admission disallowed for _____

Roll No _____

Receipt No _____

Date _____

Amount _____

PRINCIPAL