



Form No.: CAGC/2024/___

THE CALCUTTA ANGLO GUJARATI COLLEGE

AFFILIATED TO MAKAUT

5 POLLOCK STREET, KOLKATA- 700001

ADMISSION FORM FOR BBA BCA

SESSION: _____

1. NAME: _____
2. CONTACT NO. : _____ E-MAIL: _____
3. AADHAR NO. : _____
4. ADDRESS : _____
5. DATE OF BIRTH: _____ NATIONALITY _____
6. GENDER : _____ RELIGION: _____ CASTE: _____
7. FATHER'S NAME : _____
8. MOBILE NO. : _____
9. MOTHER'S NAME: _____
10. MOBILE NO. : _____
11. GUARDIAN'S CONTACT NO. _____ E-MAIL: _____

PARTICULAR OF PREVIOUS EXAMINATION:

LEVEL	BOARD/UNIVERSITY	SCHOOL/COLLEGE	MARKS OBTAINED (%)	YEAR OF PASSING
CLASS 10				
+2				
Any other				

FEES DETAILS :

1. Amount Deposited: _____
2. Mode of Payment : _____
3. Cheque/DD No. : _____
4. Date: _____

Cost : Rs. 500/-

DECLARATION

I solemnly declare that the above particulars are true and correct. I have studied the rules and regulation of the college. I undertake that my ward will abide by the rules and regulations that are or may be in force from time to time. In case of the breach of the rules and regulation of the college by me or my ward, you can rusticate my ward from the college.

Photocopies of all marksheets & certificates, Age Proof, Aadhar card, Caste Certificate (if applicable) must be enclosed along with 4- stamp size photographs. Originals must be produced along with this form for verification.

Signature of Parents/Guardian

Signature of Candidate

Date: _____

(For Official Use)

Admission permitted to course _____

Date of Admission : _____

Scholarship Category : _____

Fees Received (In words) : _____ Date: _____

Adm. Fees (Rs.)	Sem. Fees (Rs.)	Caution Money (Rs.)	Scholarship (Rs.)	Other Fees (Rs.)	Total (Rs.)	Date/ Receipt No

Date : _____

Verified by

To,

Sri/ Smt. _____

Received application form no.: _____ Dt. _____ for admission of

Receiver Signature with Date

Signature of Director