



Radha Govind Group of Colleges

• Chandausi • Moradabad

ADMISSION FORM

Session: _____

Name of College

- ☐ Radha Govind Institute of Technology
- ☐ Radha Govind (P) ITI College
- ☐ Radha Govind College of Education
- ☐ Radha Govind Institute of Medical Sciences

- ☐ Radha Govind Polytechnic College
- ☐ Radha Govind Institute of Pharmacy
- ☐ Radha Govind College of Pharmacy

Name: _____

Course: _____

Course Code: _____

Branch: _____

Category: SC/ST: _____ OBC: _____ General: _____

Date of Birth: _____ Nationality: _____

Father's Name: _____

Mother's Name: _____

Guardian's Name: _____

Annual Income of Father/Mother: _____

Permanent Address: _____

Local Address: _____

Contact No. _____ Mobile _____

E-Mail Address: _____

Declaration by Father/Mother/Guardian

Where as, my son/ daughter / ward Mr. _____ has been admitted in the course _____ 1st year/2nd year, affiliated to Board / University _____, I here by giving an undertaking to regular pay all his/her dues to the institute till the completion, of his/her course. I also undertake to be responsible for his/her conduct.

Note: Dispute/Legal Jurisdiction: Any dispute arising in matter including admission, lessons, contact programmes, examination, fee any other disputes will be subjected to Moradabad Jurisdiction only.

Fees once paid is not refundable in any case.

Date: _____

Course applied: _____

Signature of Guardian / Parent

Academic Qualification

Qualification	Board/University	Session	% Age Marks	Roll No.	Main Subjects
High School					
Intermediate / ITI					
Graduation					
Others					

I here by declare that I has been admitted in the course _____ 1st year / 2nd year, affiliated to Board/University _____ I have read the prospectus throughly and understood the condition of eligibility for the programme for which I seek admission, I fulfill the minimum eligibility criteria and I have provided necessary information in this regards. In the event of any information being found incorrect or misleading my candidature is liable to be cancelled by the university at any time and I shall not be entitled to refund of any fee paid by me. 75% attendance is mandatory.

Date: _____

Signature of the Applicant