

COMPOSITE REGIONAL CENTRE (CRC)*For Persons with Disability, Guwahati*

(Ministry of Social Justice and Empowerment, Govt. of India)

Department of Empowerment of Persons with Disabilities

Gauhati Medical College Hospital Campus, Bhangagarh,

P.O-Indrapur, Guwahati-781032, Assam

Website : crcguwahati.org, Ph.No. 0361-2347879, FAX.: 0361-2347880

Academic Session-2017-18Passport size
recent
photograph**APPLICATION FOR ADMISSION IN TO _____ COURSE**

1. Name of the Applicant: _____
2. Name of the Parent/Guardian: _____
3. Date of Birth(dd/mm/yy): _____ Age in years and months _____
4. Gender: Male/Female/Others _____ Marital Status _____
5. Nationality: _____ Domicile _____
6. Category: SC ST OBC PH GEN Parents/Siblings of
Children with disability
7. Annual Family Income: (From all sources) _____
8. Address for:

	Correspondence	Permanent
House No./Vill. / Locality/Town/City		
State		
Pin code		
Tel. No.		
Email Id		

9. Details of examinations passed:

	Name of the Exam Passed	Name of the Boards/ university	Year of passing	Total Marks	Marks Obtained	Percentage Obtained	Subjects
1.	SSC/Xth Std						
2.	HSC/XII Std						
3.	Bachelor Degree/ 10+2+3 Level						
4.	Master Degree 10+2+3+2 Level						
5	Any other						

Declaration:

I hereby declare that all the information provided by me in this application, to the best of my /our knowledge are true, complete and correct. If found incorrect or false my candidature may be treated as cancelled at any stage.

Applicant's Signature with date: _____ Parents/Guardians Signature _____

Note: self attested copy of caste, domicile and income certificates, mark sheets etc should be enclosed with the application form.

ACKNOWLEDGEMENT

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Academic Session-2017-18

Form No:

Received Application from _____ S/o/D/o/W/o _____ for
admission to (Name of the Course): _____ for the academic session 2017-18.

Date _____

Receivers Signature

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