Master of Computer Applications (Two Years) ADMISSION-2025

## **Counselling Form**

Affix Photo

## Admission on the basis of the qualifying degree marks

			Date:				
Result of Qualifying Exam         Graduation Roll No         Graduation Percentage         Graduation Stream			Candidate Name:				
			Father's Name: Category Date of Birth				
					Mobile No	_Sex	
					Address		
			Graduation Roll No.	Passing Session	University	Marks Obtained / Total Mark	KS %age(upto 2 decimal place)
			f Declaration  Income Certificate	aracter Certificate Signature of the Candidate			
			Office Use only				
Not Eligible 🗆		(If not Eligible	gible kindly give Remarks)				
			Signatu	re of the checking official			
Seat Allotted (Prov	visionally) i	n counseling	(candidate has to deposit fee on the spot	t at the time of counseling)			
Seat Allotment_			Course Name				
If not interested i							
Signature of the	Candidate_			Admission Coordinator			

**UNDERTAKING (IF ANY)**