## **Application Form** MCA Programme

Name of the Candidate:				D.O.B.:					
Father's Name:				Mother's Name:					
Region (Delhi / Outside Delhi):									
Category (SC/ST/DEF/PH/KM):									
Postal Address and Contact Details:									
Postal Addres	Conta	Contact Details (with STD Code)				Occupation of Parents and Office Details:			
	Landline No.:				Occi	Occupation:			
	Mobile No.:				Offi	Office Address:			
	E-Mail ID:				-				
Educational Qualification:									
Class / Exam	ı Qu	amication.		Year		%age	Board / Univ.		Subjects
Graduation			st Sem./Year			, <b></b> .			~ ozna <b>g</b> c c co
Degree	2	nd Sem./Year					1		
B.Sc. / BCA /	3	rd Sem./	Year				1		
B.Com. / B.A.	/ 4	th Sem./	Year				7		
Others	5 <sup>th</sup> Sem		Year						
6		th Sem./Year							
			Aggr	egate %age					
XII									
X									
NIMCET			GGSI	GGSIPU CET			PG-CUET		
Roll No.:			Roll No.:				Roll No.:		
NIMCET			GGSIPU CET				PG-CUET		
Rank				Rank			Subjects		
especia	ılly 1	reflecting	g %age	of Gradu	ation,	must b	en written in the e submitted alo narily be rejected	ong	v

(Signature of the Candidate)

Date: \_\_\_\_ / \_\_\_\_ / 202