



## **College of Commerce and Science**

Dahivali, Karjat, Dist - Raigad, PIN - 410201

0	ibsar_karjat
0	ibsarcollegekarjat
0	ibsargroups
<b>(h)</b>	<b>IBSAR</b> Group of Colleges

For College use only	Course admitted to	Form No.:		
acc ciny	Admission date / /		Please paste a passport size(35 mm x 45 mm)	
Use Blank ink to     Fill in all fields in	rtant notes before filling-in-form o fill in the form an Do NOT overwrite o CAPITAL letters only ever is NOT applicable. E.g. If you are a Female - Gender:-Male / Female	Student's Signature	Do not staple. Photo should not exceed the border.	
Course ap	plied for BMS / B.Com (B&I) / B.Sc. IT	Student should sign strictly inside the box above only with black ink		

	Adr	nission da	te	/	/					aste a pass <sub>l</sub> mm x 45 mi	
Kindly read important notes before filling-in  1. Use Blank ink to fill in the form an Do NOT o  2. Fill in all fields in CAPITAL letters only  3. Strike-off whichever is NOT applicable. E.g.							Student's	Colour Pr Do n Pho	Colour Photograph here.  Do not staple. Photo should not exceed the border.		
Cours	e applied	d for <b>BMS</b>	/ B.C	om (B&I) /	B.Sc	c. IT	Student should s the box above on	ign strictly inside ly with black ink			
Perso	nal Inforn	nation Sec	ction								
				Last Name			First Name		Midd	lle Name	
	the Student										
	Husband's Nar	ne									
Mother's	irth (DD / MM /	<b>YYYY)</b> ·	/	/		Gender: Ma	ale/ Female				
Place of I	•		,	•		Blood Group					
Religion:						Nationality:					
Addre	ss for Co	rresponde	ence:		·						
State:			District:		l:						
Address (House No., Street/ Area etc)				l		Pin Code:					
Perma	nent Add	lress [ Wri	te only	y if differen	t than	'Addres	s of Cor	respon	dence']		
State:		District:	District: Teh:		sil:						
Address (House No., Street/ Area etc)			Pin Code:								
Conta	ct Details	:						<u> </u>			
Phone #1	Area/ S1	ΓD Code		Phone No.			Mobile	e No.			
Mobile No	).				Email	D:					
Legal R	eservation I	nformation S	Section:								
Domicile of State				Category: Open / Reserved If Reserved SC / ST / DT(A) / NT(B) / NT(C) / NT(D) / OB					(D) / OBC	/ SBC	
Caste: Sub-Caste:			If Physically Challenged: Visually Impaired / Speech and / or Hearing Impaired / Orthopaedic Disorder or Mentally Retarded								
Attache	d Documen	ts and Certif	icates S	ection							
Sr. No.	Name of De	ocument/ Cer	tificate	Name of Scho	ol/ Coll	ege/ Unive	rsity Grade Mark	e/ Total	Out of	Attac (Yes /	
1	10TH S	TD									
2	12TH S	TD									
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Attached Documents and Certificates Section							
Sr. No.	Name of Document/ Certificate	Name of School/ College/ University	Grade/ Total Marks	Out of	Attached (Yes / No)		
1	10TH STD						
2	12TH STD						

## **Guardian Information Section**

Guardian's Name: Annual Income of the Guardian (Rs.) Occupation of the Guardian: Service / Business / Profession / Farmer / Labourer / Retired (last financial year)

## Relationship of Guardian with applicant: Phone No. **Other Information Section**

Mother Tongue: Would you like to apply for Hostel: Yes / No

Declaration by Student

I hereby declare that, I have read the rules related to admission and the information filled by me in this form is accurate and true to the best of my knowledge. I will be responsible for any discrepancy, arising out of the form signed by me and I undertake that, in absence of any document the final admission will not be granted and/ or admission will stand cancelled.

Place: Date:

**Declaration by Guardian** 

Signature of the Student

I have permitted my son/ daughter/ ward to join your college. The information supplied by him/her is correct to the best of my knowledge.

I have acquainted myself with the rules and fees. regulations of the institute and will see that my ward abides by the same.

Place:

Date:

Signature of the Guardian