

AWADH COLLEGE OF ARCHITECTURE

(A Unit of Manglawati Sewa Sadan Trust)

NH-33, Danga, Bhilapahari, Jamshedpur 831012

Phone: 09470512246, 09471513504

ARCH ADMISSION FOR ACADMIC YEAR.....

APPLICATION NUMBER:

ARCH

NAME OF THE APPLICATION (IN BLOCK LETTERS)

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DATE OF BIRTH

SEX

CATEGORY

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Date

Month

Year

NATIONALITY

BLOOD GROUP

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Affix recent
passport size
photograph

NAME OF PARENT/GUARDIAN

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RELATIONSHIP WITH PARENTS/GUARDIAN

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NAME OF THE PREVIOUS INSTITUTION/UNIVERSITY 1.

2.

PUC/10+2 Reg. No. _____ Year _____

T.C No.: _____ Date _____ Place _____

P.U.C/10+2 Subjects

(Mark Obtained)

SUBJECTS	MAX. MARKS	MARKS OBTAINED	% OF MARKS

ADDRESS FOR CORRESPONDENCE.....
.....
.....

PIN CODE:

TELEPHONE NUMBER (WITH STD CODE):

FAX/E-MAIL:

NAME AND COMPLETE ADDRESS OF SUPORTING RELETIVE

(For NRI Category Applicant only)
.....

RELATIONSHIP TO APPLICANT:

TELIPHONE NUMBER WITH COUNTRY AND AREA CODE:

FAX/E-MAIL ID.

Affix recent
Passport size
Photograph

DECLARATION

I hereby declare that all the particulars stated in this application form are true to the best of my knowledge. I have read and understood all the provision of admission and agree to abide by them. In the event of submission of fraudulent, incorrect or untrue information or suppression or distortion of fact like Educational, Qualification, Marks, Nationality etc., I understand that my admission/ degree is liable for cancellation and that my admission is purely provisional, subject to the verification of the eligibility conditions.

Photo with left Thumb
Impression of Application

Affix recent
Passport
Size
Photograph

.....
Signature of Parent/Guardian
(PLEASE READ THE INSTRUCTIONS GIVEN IN THE INFORMATION BROCHURE)

.....
Signature of Applicant

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MEDICAL CERTIFICATE

Personal Details Full in Capital Letter

Application Number

Applicant's Name.....

Father/Guardian's Name.....

Date of Birth Sex Blood Group.....Hight(in cm).....Weight(in kgs.).....

Personal Identification Marks (if any).....

Primary Medical Details

Vaccine Details

Age	Vaccine taken	Start Date	End Date
Stated.....Years.....Months

Apparent.....Year.....Months
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Chest Measurement Stated.....cm
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Full inspiration.....cm
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Full Expiration.....cm
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General Physique.....

Heart.....

Lung condition.....

Abdominal Viscera.....

Details of any serious disease

.....
.....
.....
.....

I have examined the candidate and do here by certify that I have not found that she/he has any disease, constitutional Affection or physical / mental infirmity expert

I do not consider the above to be a disqualification unfitting him/her now or likely to unfit him/her in the future for active Outdoor, life as required in the academic programme applied for

Details of any chronic disease

.....
.....
.....

.....
Signature of the Medical practitioner with Regn. No.

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Certificate from Eye Specialist

Course Applied to.....

College Applied For.....

I have examined the eyesight of Mr. / Mrs.....

He / She has no disqualifying defects as shown in "B" except allowable defect as marked at "A"

RIGHT EYE					LEFT EYE				
	SPH	CYL	AXIS	V/A		SPH	CYL	AXIS	V/A
D.V					D.V				
N.V					N.V				

Eyesight Standard

A - Allowable

1. Myopia or Myopic astigmatism - correcting lens not exceeding 3.5 D. Acuteness of vision after correction (a) 6/9 in one eye and (b) 6/6 another.
2. Hypermetropia not exceeding 14D or hypermetropia astigmatism- correcting lens not exceeding 14D. Acuteness of vision after correction 6/9 in one and 5/4 in another

B- Disqualifying

1. Defective vision arising nebula of the cornea or any pathological indication of the deeper structures.
2. Colour blindness (achromatopsia)
3. Paralysis of the exterior muscles of the eye

Date:

.....
Signature of the eye specialist with Registration No.

AWADH COLLEGE OF ARCHITECTURE

A PART OF MANGLAWATI SEWA SADAN TRUST

Application Form for Obtaining Duplicate Certificate/ Marks Statement etc.

1. Enrolment No.
2. Name of the student (in CAPITAL letters)
3. Father's / Mother's Name
4. Name of Certificate Required
5. Name and Year of Exam
6. Result
7. Mode of Payment : Cash/Bank Draft

B.D No..... Amount.....Date.....

Bank.....

(N.B. : Bank Draft must be drawn in favour of **MANGLAWATI SEWA SADAN**

8. Address (in CAPITAL letters).....

.....(PIN Code).....

Place :

Date : Signature of the Student

FOR OFFICE USE ONLY

Enrolment No.....

Name of the Student.....

Marks Obtained.....

Subject	TH	PR	INT	Total
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1.

2.

3.

RESULT:

Signature of D.A

Important Notes

1. Read the Instruction carefully before filling the form.
2. Use separate form for each certificate.
3. The application for duplicate passing certificate must be accompanied with an affidavit executed in front a 1st class Magistrate in the format given below.
4. Triplicate copy of the passing certificate shall not be issued unless the Director (Eva.) is satisfied that duplicate copy has been actually lost/ destroyed.
5. The documents applied for will ordinarily be issued after two weeks (excluding holidays) from the date of receipt of the application form and fee, provide the application is found complete in the respect. In case the document is not collected by the applicant within three months from the date of depositing the fee it will be sent by-ordinary post at the address given. In case the address is not given the document will be cancelled and the student will have to apply afresh.
6. All certificates will be delivered on the production of receipt of payment with Enrolment No. Between 3.00 P.M. to 5.00 P.M. on all working days. The fee can be deposited between 10:00 A.M to 4:00 P.M on all working days.

Fees prescribed for various certificate are as follows:

Duplicate copy of certificate	: Rs. 100.00
Duplicate copy of the Statement of Marks	: Rs. 100.00
Postal Charges (if the documents is required by regd. Post)	: Rs. 40.00

Form of Affidavit to be executed on Non-judicial Stamp Paper of Rs. 2.00 (For Candidate applying for duplicate copy of qualifying certificate). The affidavit attested by oath Commissioner/ Notary is not acceptable.

ISon/daughter ofdeclare on oath that my
Certificate of having passed theExam. of
.....from

Lost / destroyed. I certify that the fact stated above is true to best of my knowledge and belief.

Roll No. Signature of the Student.
Date. Address.
Place.....

Court Seal : Sworn before me 1st Class Magistrate.

DECLARATION BY THE CANDIDATE

1. I,....., S/O / D/Ohereby affirm that the information furnished by me in this application and the enclosures is true. I know that if the information furnished by me is untrue, my seat will be forfeited.
2. I hereby affirm, that I am the genuine applicant and take all responsibility to prove my identification in case of doubt arising about the same. I am also aware that, I am liable for disqualification and legal action, if I found guilty of impersonation and same shall also be applicable to any other person involved.
3. I will not indulge in any form of ragging. I know it is a criminal offence and found guilty, I will be summarily dismissed. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of mine.
4. I am liable to pay the balance of fees calculated for the entire course, in case I discontinue the course or I am expelled from the college for any reason.
5. I shall abide by all the rules and regulations of the college / University that may be framed from time to time. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of mine.

**Left Index finger Impression
of the applicant**

Place:

Date:

Signature of the applicant

DECLARATION BY PARENT OR GUARDIAN

1. I, Mr/Mrs..... hereby affirm that the information furnished by my Son's / Daughter's / Ward's is found to be untrue, my Son's / Daughter's / Ward's seat will be forfeited.
2. I know ragging is a criminal offence and shall take steps to prevent my Son's / Daughter's / Ward's from indulging in it, I also know that if he / she is found guilty of the offence, he/she will be summarily dismissed from the college. I undertake to make good the loss caused to the college / staff / student or any other person caused by any illegal act of my Son's / Daughter's Ward's.
3. I am liable for payment of the balance of fees calculated for entire course, in case my Son's / Daughter's / Ward's discontinues the course or is expelled from the college for any reason.
4. I am also aware that once the candidate is admitted to the course, no refund of either in full or part thereof will be made, for any reason.

Place:

Date:

Signature of the Parent/Guardian