

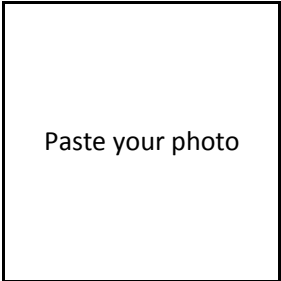


INDIAN ASSOCIATION FOR THE CULTIVATION OF SCIENCE

JADAVPUR, KOLKATA - 700 032

ADMISSION FORM for the year

Post B.Sc. Integrated Ph.D in Chemical Sciences .



PERSONAL DETAILS

Name of the student in block letter :

Mr./Ms

SEX

Date of birth

Blood Group

Father's Name

Mother's Name

Gardian's Name

Address for Communication:

Local

Permanent

Telephone no:

E-mail (if any) _____

Whether belongs to SC/ST/OBC/PH _____

Educational Details:

Name of Examination	Board/University	Subjects	Year of Passing	Division/Marks	% of Marks

Any other information: _____

D E C L A R A T I O N

The information provided above is correct to the best of my knowledge and belief. In case any of the above information is found to be incorrect at any subsequent time, my admission to this course is liable to be cancelled. I further undertake to abide by the rules and regulations of the Institute and the Integrated Ph.D programme that are in force from time to time.

Date :

Signature of the student : _____

FOR OFFICE USE

Testimonials verified and found correct	Admission deposit of Rs.3000/- received	Admitted to the course

Signature of the Coordinator _____

