



SHRI RAMNATH SINGH COLLEGES

Gormi Bhind & Gwalior (M.P.)

Admission Form



FOR OFFICE USE

Registration No.	<input type="text"/>
Admi. File No.	<input type="text"/>
Session :	<input type="text"/>
Date of admission	<input type="text"/>



Latest Passport size
Color Photograph
of the student

STUDENT INFORMATION:

Name : _____

Father's Name : _____

Mother's Name : _____

Date of Birth : _____

Gender : _____ Religion: _____ Caste Category : ST / SC / OBC / Gen.

Address for Communication : _____

_____ Pincode _____

Tel No. _____ Mob. _____

Email : _____

Name of Institutions _____

Course: _____ Branch : _____

EMERGENCY CONTACT:

Name : _____ Relationship: _____

Contact number in case of Emergency : _____

Address of Emergency Contact : _____



SHRI RAMNATH SINGH COLLEGES

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INFORMATION OF PARENTS (FATHER) :

Name in Full : _____

Address for Communication: _____

Tel. No. (Resi): _____

Tel. No. (Office): _____

Mobile No.: _____

E-mail : _____

PLEASE FILL IN THE FOLLOWING :

Name of the last school/ College attended	University/ Board	Year	Percentage of Marks	Enrollment/Roll No.

DOCUMENTS TO BE SUBMITTED:

- | | | |
|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ |
| 4) _____ | 5) _____ | 6) _____ |
| 7) _____ | 8) _____ | 9) _____ |

I Shall abide by all the rules and regulations of the College already in existence or those that may be implemented in future.

Date

Signature of the Parent

Signature of the Student

RNS Homoeopathic Medical College Campus, hahnemann Road, Gormi - Bhind (M.P.)
RNS Pharmacy College Campus, Mehgaon Road, Gormi - Bhind (M.P.)