

9. OCCUPATION: (Darken the appropriate box

Govt. Employed Student Self Employed Other (Please Specify)

10. CATEGORY: (Darken the appropriate box)

General Scheduled Caste Scheduled Tribe O.B.C.
 Handicapped Other Please Specify)

DECLARATION:

I _____ S/o /D/o _____ (Father's name) hereby declare that, all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of Government Degree College Baramulla & DOEACC Society which and also to the decision of the Examination Authority, regarding my admission to the examination.

Place:

Date:

Signature of the Applicant

CHECK LIST OF THE ENCLOSURES ITEMS

<u>Please Darken appropriate Box</u>	
Demand Draft (Examination fee)	<input type="radio"/>
Attested copy of Mark sheet of Highest Qualification Obtained by the Candidate	<input type="radio"/>

FOR OFFICE USE ONLY

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Institute Seal with Address	Nodal Officer	Principal