

LOKANAYAK OMEO KUMAR DAS COLLEGE : Dhekiajuli, Sonitpur : Assam

FORM FOR ADMISSION OF 5TH SEMESTER

To,

The Principal,
L.O.K.D. COLLEGE, DHEKIAJULI
P.O.- Dhekiajuli - 784110, Assam.

Sir,

I beg to request you kindly permit me to enroll myself in the 5th Semester for the period from 20..... 20.....

I further, solemnly declare that no objection shall be tenable from my side. If I am debarred from appearing in the final examination under the Council / University or for with holding the payment of my scholarship money for not having the requisite percentage of attendance in the lectures delivered in each subject offered by me during the academic period.

PARTICULARS

1. Name (in block letters) :-
2. Father's Name with Mobile No.- :-
3. Guardian's Name with Mobile No.- :-
4. Home Address Village / Town :-
P.O. :-
P.S. :-
Personal Contact No. :-
District :-
5. GU Examination Roll No. 6) Class Roll No.
7. Date of Birth..... Year.....Month.....Days
8. Sex (Male / Female) :-
9. Caste & Sub-Caste :-
10. Religion :-
11. Citizenship :-
12. Subjects offered

FOR TDC 5th Semester (Arts / Science / Commerce)

ARTS

Honours

HC	HE

Regular

SE	RE	RE	RG

SCIENCE

Honours

HC	HE

Regular

SE	RE	RE	RE

COMMERCE

Honours

HC	
HE	

Regular

SE	
RE	
GE	

Yours faithfully

13. Student's Email ID :-

14. Mobile No. :-

15. Unique ID :-

.....
(Full signature of the candidate)

FOR OFFICE USE ONLY

Enrolled under Roll No.
in the T.D.C 5th Semester
receipt of Rs.

Order of the Principal
Provisionally accepted

Principal

Signature of collecting Officer

Signature of the Principal