

GOLDEN GROUP OF INSTITUTIONS

Prem Nagar Hardochhani Road, Gurdaspur

Admission Form for Session:

Paste Recent Passport Size Photograph

Admission Form to be Filled by the Applicant

The committee of the co						
Semester:						
Candidate's Name (Ple	ase fill name in Ca	pital letters)				
First Name						
Middle Name						
Last Name						
Father's Name (Please	fill name in Capita	al letters)				
First Name		TI				TI
Middle Name						
Last Name						
Mother's Name (Please	e fill name in Canit	al letters)	V			
First Name	- III Haile III Gapte					TI
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Middle Name				and the second		
Last Name Gender: Male	Female [Transge	nder [
Last Name		Transge	nder			
Last Name Gender: Male Date of Birth (DD/MM) Blood Group :		Transge	nder			
Last Name Gender: Male Date of Birth (DD/MM Blood Group : Marital Status :	/YYYY):			Caste		
Last Name Gender: Male Date of Birth (DD/MM Blood Group: Marital Status: Aadhar Card No.:	/YYYY):	ory:		Caste	1	
Last Name Gender: Male Date of Birth (DD/MM) Blood Group: Marital Status: Aadhar Card No.:	/YYYY):Sub Categ	ory:eme:Yes	No			No
Last Name Gender: Male Date of Birth (DD/MM) Blood Group: Marital Status: Aadhar Card No.: Category:	/YYYY): Sub Categ	ory:eme:Yes	No			
Last Name Gender: Male Date of Birth (DD/MM Blood Group: Marital Status: Aadhar Card No.: Category: Is eligible for Post Matu Do you wish to opt of The come	/YYYY): Sub Categ	eme : Yes Scheme (For 8	No S% Quota	only): Ye	es] No
Last Name Gender: Male Date of Birth (DD/MM) Blood Group: Marital Status: Aadhar Card No.: Category:	/YYYY): Sub Categ	eme : Yes Scheme (For 8	No S% Quota	only): Ye	es] No
Last Name Gender: Male Date of Birth (DD/MM Blood Group: Marital Status: Aadhar Card No.: Category: Is eligible for Post Matu Do you wish to opt of The come	/YYYY): Sub Categoric Scholarship Scholars	eme : Yes Scheme (For 8	No 95% Quota	only) : Ye	es	No

19.	Contact Number : Landline No. with STD Code : Mobile No. :												
	Parent's Mobile No.: Email ID:												
20.	Academic Details:												
	Examination	Qual. Exam Roll No.	Year of Passing		Name of School /College	Maximum Marks	Obtained Marks						
	Matric				7 3 3 1 5		711110						
	10+2												
	Diploma												
	UG Degree												
					n in my own hand								
					d by any Board/Ur								
	information is true to the best of my knowledge and believe. If the above given information is found to be incorrect at any stage, then disciplinary action may be taken against me and my candidature may be												
	led. I shall not cla	STATE OF THE PARTY		Section of the sectio	n agamse me anu	my candida	iture may be						
Sign 1		V											
			(Signa	ture of Guardian	n (Sie	gnature of C	andidate)						
Date.			(Signa	ture or Guartia	i) (3i)	gnature or c	anuidatej						
				Verification	55		•						
	Cartified that	the particula	re givon		ndidate are verif	ied by me	with original						
			rs given	above by the ca	nuiuate are verii	ied by me	· Original						
docum	ents and found o	correct.											
Place:		_											
				(Signature of the	Admission	Incharge)						
Note:					ails filled by the st ving documents in								
1.	Attested copy o	f Matriculatio	on Certific	cate									
2.	Attested copy of All DMCs / Degree of Qualifying Examination												
3.	Migration Certificate in Original related to qualifying exam (to be kept by College in their record)												
4.	4 copies of Passport Size Photos												
5.	Attested copy of Residence Certificate												
6.	Attested copy of Reserved Category Certificate (as applicable)												
7.	Income Affidavit in original (if admitted under TFW Scheme / PMS Scheme)												
8.	Gap Affidavit in	The second second	pplicable)										
9.	Medical Fitness		lookl-1										
10.	Any other certif	icate (ii appl	icable)										