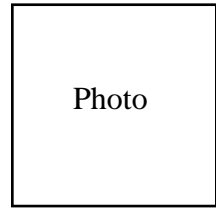




REIMALIE ACADEMY COLLEGE

(Run by Reimalie Academy Society, Bijni)
Bijni, P.O. - Bijni, Dist. Chirang, BTAD, Assam, PIN- 783390
Ph. & FAX :- 03668-284114
E-mail : reimalieLbed@gmail.com



Admission Form (New/Semester/Renewal)

Date of Application :

Course Details :

Name of Course : Department/Pedagogy :

Session : Batch No. Enrollment No. Roll No. :

Name of Semester to be admitted : 1st Semester/2nd Semester/3rd Semester/4th Semester

Applicant's detail :

1. Name (Block Letters) :

2. Father's Name :

3. Mother's Name :

4. Guardian/Spouce Name :

5. Date of Birth :

6. Address :

..... PIN.....

7. Contact Nos. : (a) Land Line :

(b) Mobile :

(c) e.mail :

8. Educational Qualification :

9. (i) Name of Course/Degree/Examination last attended :

(ii) Marks of last examination attended/semester :

(a) Marks secured : (b) Percentage : (c) Grade :

(d) CGPA : (e) Class/Division :

Declaration

I do hereby declare that the above statements are true to the best of my knowledge and believe. That, I am applying to admit/existing student of this institution and going to admit in the semester to continue my study. That, I will obey the college rules and regulations to be modified time to time and bear no harmful to the institution.

Signature of candidate/student

Date :