



Form No. - _____

GALAXY DEGREE COLLEGE

(Affiliated to Arunachal Pradesh University, Pasighat)

Affiliation ID No. – APUAID/2603

Address – Nirjuli, Dist. – Papum Pare, Arunachal Pradesh – 791109

ADMISSION FORM

Session: 202____ to 202____

TO BE FILLED BY THE CANDIDATE

Paste Pass
Port Size
Photo

1. Course applied for: _____ Student's Signature

2. Candidate's Name (Block Letter): _____

(a). Mobile No.: _____ (b). Email ID: _____

3. Father's Name: _____ Mobile No.: _____

4. Mother's Name: _____ Mobile No.: _____

5. Local Guardian Name: _____ Mobile No.: _____

6. Present Address: _____

Pin Code: _____

7. Permanent Address: _____

Pin Code: _____

8. Category (Gen/ST/SC/OBC): _____

9. Marital Status (Single/Married): _____

10. Nationality: _____

11. Religion: _____

12. Proof of Identity:

(a). Aadhaar Card No.: _____ (b). PAN Card No.: _____

13. APAAR ID No.: _____

14. Educational Qualification Details:

S/No.	Exam. Passed	Board/University	Institution	Year of Passing	Subject	Percentage/ CGPA
1	CI – X					
2	CI – XII					

3	Graduation					
4	Post Gradation					

Declaration by Applicant

I hereby declare that I have read & considered the condition of eligibility, recognition for the above criteria for which I seek admission in _____

I fulfill the minimum eligibility condition & I have filled all the above necessary information in this regard. In case of any information being found incorrect or misleading my candidature shall be liable to be cancelled at any time & I shall not be entitled to get refund of any fee paid by me to the Institute/Council/University. In case of any dispute it shall be resolved through the mediation of the concerned person or a committee of Governing Body constituted for it & its decision shall be binding on all concerned.

Declaration for Scholarship (Only for ST)

I _____ student of course _____ declare that my admission is based on scholarship, if due to any condition in Scholarship is not transfer by Govt. then I will submit fee to continue my admission.

Declaration by Parent/Guardian

I _____ (Parent/Guardian) hereby declare that information given by child is correct if any information being found incorrect then College/University shall be liable to cancel the admission at any time & my child shall not be entitled to get refund of any fee paid by him/her

Declaration of Non-Refund of fee

I _____ student of course _____ hereby declare that if I cancel my admission, in that condition I shall not be entitled to get the refund of my fees.

Signature of Applicant