



Hamshika Educational & Welfare Trust (R)

ANANYA COLLEGE FOR MASTER OF SOCIAL WORK

(Affiliated to Gulbarga University, Kalaburagi Approved by Govt. of Karnataka)

CANDIDATE PARTICULARS

1. Name of the candidate (in Black Letters) As per last qualifying certificate		Photo		
2. Fater's Name				
3. Mother Name				
4. Date of Bieth (In Figures) (in Words)				
5. Sex : M/F Age :	6. Married / Unmarried : Yes / No			
7. Occupation	8. Annual Income			
9. Aadhar Card No.				
10. Accountant No.				
IFSC Code				
Tin No.				
RD No.				
11. Castegor : SC/ST/C-1/G.M. OBC (Enclose Caste Certificate)	Income Cast No.			
12. SSLC Reg. No.				
13. Qulifying Exam Passed	Month	Year		
14. A) Name of the Board / University	B) Subject in Qulifying Exam			
	Semester	Marks	Out of	Percentage
	Semester 1			
	Semester 2			
	Semester 3			
	Semester 4			
	Semester 5			
	Semester 6			
	GRAND TOTAL			

14. Address	
15. Contact No's	Phone : Father / Mother Mobile : Mobile:
16. E-mail Id	
17. Document enclose :	1.
	2.
	3.
	4.
	5.
	6.

18. Rules & Regulation of the /college

1. No. Cadidte is permitted purser two PG Degree programmes simultaneously of the or any other college / univiersity.
2. False declarationl of age, Qulification, etc, bye the condidate will disqualify hi/sher admission to the colleg / univiersity.
3. Candidates shall abide by the Rules and Regulation in force and those to be issued by the college university form time to time
4. If condidates have already PG degerer shall not eligibele for any Goversment schoolrshio
5. The fees once paid willll not be refunded if any circumsane.
6. Medium of instruction and Examantionl lshall be Kannad and English
7. Candidate must have 75 % attedeance foir Theory & Particuala Classe

19. Declation

I the usdrstinged admisttteding in the ANANYA MSW College Kalaburagi Ist semester academic yar of 20 - 20 giving the suder taking, that I will accept allll the guidelines (Written) of the colelge rues. I als declare that the infomration furnished her in this form is trues to the best of my knowledge behalf.

Date :

Signatur of the paertns

Signatur of the cadidate

FOR OFFICE USE ONLY	ACCOUNTS SECTION
Name :	Fees Receive : 1 2.
Father's Name	Receipt No. 1. 2.
Course	Total Fees Balance Fees Padia Fees
Vefifcaton Done	Date : Accountant
All Doucument are produce	For Final order
Fees to be collected	Sig. of Administer Sig. of Principal

ಸೂಚನೆ : ಪ್ರಿಯ ವಿದ್ಯಾರ್ಥಿಗಳೆ ಒಂದು ವೇಳೆ ನಿಮ್ಮ ಅಭ್ಯಾಸ ಮದ್ಯಾದಲ್ಲಿ ಮುಟುಕೂ ಗೊಳಿಸಿದ್ದಲ್ಲಿ, ನಿಮ್ಮ 2 ವರ್ಷದ ಕಾಲೇಜು ಶುಲ್ಕ ಪೂರ್ತಿಯಾಗಿ ನಿಡತಕ್ಕದ್ದು. ನಾನು ದಿನಾಲು ಕಾಲೇಜಿಗೆ ಬರುತ್ತೆನೆ ಒಂದು ಪಕ್ಷದಲ್ಲಿ ಬರದಿದ್ದಲ್ಲಿ ನನ್ನ ಪ್ರವೇಶ ರದ್ದು ಪಡಿಸುವು ಜವಬ್ದಾರಿ ನಿಮ್ಮದಾಗಿರುತ್ತೆ ಈ ವಿಷಯಕ್ಕೆ ಸಂಬಂಧಿಸಿ ಸಂಪೂರ್ಣವಾಗಿ ಒಪ್ಪಿಕೊಂಡಿರುತ್ತೆನೆ.

ದಿನಾಂಕ

ವಿದ್ಯಾರ್ಥಿ ಸಹಿ

ವಿದ್ಯಾರ್ಥಿಯ ಹೆಬ್ಬರಳ ಗುರುತು

ಪೋಷಕರ ಸಹಿ