INSTITUTE VERIFICATION FORM

Name of Student:		Date of Birth:		
Community: ST/OB	C/GENERAL (Tick any or	ne) Father's Nam	ne	
Mother's Name		Annual family Income		
Email ID		Mobile No		
Day Scholar/Hosteller		Present Institute: St. Mary's College (ID: C-16354)		
Present Class/Course:		Class start Date:		
Mode of Study: <u>Reg</u>	gular / Full Time Pr	resent year:		
Previous Board/University Name: Name		Previous Class/Course		
Previous passing ye	ear:Pre	evious Class Perc	entage %):	
X Class Roll No. and	l year of passing:			
XII Class Roll No. an	nd year of passing:			
XII Class Board Nam	าย:			
Present Class/Semester	Last Semester Examination	Max. Marks (Hons only)	Marks obtained (Hons Only)	% of Marks secured
3 rd Semester				
5 th Semester				
Fee details current Admission Fee:	year: Tuition Fee	2:		:
Bank Account Deta	Bank Account No Bank Account No			
State:	District:Block:			
Address:	Pin code:			

Note: Please ensure the information given by you is factually correct. In case of any discrepancy noticed later, your application is likely to be rejected.

Signature of the Head of Institution/With official Seal

Date:

Place: