

**Please fill out the form and  
send it to  
[admission@bamkc.edu.in](mailto:admission@bamkc.edu.in)**

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# Admission Form

Admission Form No. ....

Academic Session 2021-2022

## BABBAR AKALI MEMORIAL KHALSA COLLEGE GARHSHANKAR (HOSHIARPUR)

www.bamkc.edu.in

Affiliated to Panjab University, Chandigarh

Note: Read instructions carefully given on the backside before filling this form

Photo
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Course/Class \_\_\_\_\_ Roll No. (Office) \_\_\_\_\_ Medium \_\_\_\_\_

Subjects			
1.		4.	
2.		5.	
3.		6.	
		7.	
		8.	
		9.	

(In Block Letters)

1. Candidate's Full Name 

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2. Father's Full Name 

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3. Mother's Full Name 

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4. Permanent Address \_\_\_\_\_
5. Address for Correspondence \_\_\_\_\_
6. Name and address of Guardian \_\_\_\_\_ Relation \_\_\_\_\_
7. Occupation of Father/Guardian \_\_\_\_\_ Annual Income \_\_\_\_\_ Contact No \_\_\_\_\_
8. D.O.B (As per certificate of Matriculation) 

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 Contact No. 

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9. Male/Female \_\_\_\_\_ Urban/Rural \_\_\_\_\_ Nationality \_\_\_\_\_
10. Religion \_\_\_\_\_ If Sikh, Are You Sabat Surat/Amritdhari \_\_\_\_\_
11. University Reg. No. /Pupin (If applicable) \_\_\_\_\_ Adhaar No. 

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12. Category \_\_\_\_\_ Caste \_\_\_\_\_  
(Candidates belonging to SC/OBC categories need to attach required documents and certificates duly attested by the magistrate only)
13. Any siblings studying in this college during this year? Yes  No  (if Yes, specify)  
Name of sibling \_\_\_\_\_ Class \_\_\_\_\_ Roll No. \_\_\_\_\_
14. Are You seeking admission to this course for the first time? Yes  No  (if No, specify)  
For Failed/Compartment Case: Class Roll No. \_\_\_\_\_ Uni /Board Examination \_\_\_\_\_ Session \_\_\_\_\_  
Name of the Previous Institution \_\_\_\_\_
15. Student's previous class in this college (if applicable) \_\_\_\_\_ Roll No. \_\_\_\_\_ Session \_\_\_\_\_
16. Academic Record of Previous Courses:

Examination	Session	Board / Uni. Roll No.	Marks obtained/Max Marks or Fail or Compartment (specify)	Percentage	Subjects	School/ College Name
10 <sup>th</sup>						
10+2						

17. Disability if any? Blindness or Low Vision/Deaf/Hearing Impairment/Orthopedically handicapped\_\_\_\_\_
18. Have You participated in any district/Uni/State level games? Yes  No  If Yes, Specify\_\_\_\_\_
19. Hobbies and Achievements if any, specify\_\_\_\_\_
20. Do You want to participate in Sports? Yes  No  If Yes, specify\_\_\_\_\_
21. Do You want to join NCC/ NSS? Yes  No  If Yes, Specify\_\_\_\_\_
22. Are You getting any Scholarship? Yes  No  If Yes, Specify\_\_\_\_\_
- Name of Scholarship \_\_\_\_\_ Class \_\_\_\_\_ Roll No. \_\_\_\_\_ Category \_\_\_\_\_
23. Mode of Conveyance to college Cycle  Scooter  Bus  Other\_\_\_\_\_
24. Have You ever been disqualified by any Board/University? Yes  No  (If Yes, specify)
- Name of Board/Uni \_\_\_\_\_ Examination \_\_\_\_\_ Session \_\_\_\_\_
- Roll No. \_\_\_\_\_ Duration from \_\_\_\_\_ to \_\_\_\_\_
25. Are You a registered Voter of India? Yes  No  if Yes, Vote No. \_\_\_\_\_
26. Do You have a Driving License? Yes  No  if Yes, Driving License No. \_\_\_\_\_

**Declaration**

- I hereby declare that I am getting admission to this college with the consent of my parents and they are obliged to pay my fees and dues.
- I pledge that I will sincerely do my studies and appear in all the exams.
- I declare that I will strictly follow the rules and regulations of B.A.M. Khalsa College.
- I have read all the guidelines and instructions in the prospectus and will adhere to them.
- Undertaking (if applicable).....

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Signature of Student

**Instructions**

- In case admission is denied then the admission form and other documents will not be returned.
- The candidate shall deposit the fees within 24 hrs after the admission is granted otherwise admission stands cancelled.
- The Principal has the authority to cancel the admission if any information provided by the candidate is found incorrect and the fee deposited will not be refunded.

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Signature of Parent/Guardian

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Signature of Student

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Signature of Admission Committee Members

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Signature of HOD

.....  
Signature of Principal

**Only for Office Use**

Class _____	Roll No. _____	Fee Receipt No _____
Amount Deposited _____	Balance _____	Sign of Fee Clerk _____