

RAJARSHI COLLEGE OF EDUCATION AND SKILL

Bagbari, Lembucherra, West Tripura

APPLICATION FORM

Sl. No.

Applicant Identification Number (AIN)		
Photo	AIN No.	
	Date of Application	Place of Application

Programme (BA/B.Sc.)	In which Subject seeking for Major (Give preferences)
	1.
	2.
	3.

1	Name of Applicant *							
2	Mother's Name *							
3	Father's Name *							
4	Date of Birth		5	Gender		6	Blood Group	
7	Whether Specially Abled Person (PWD)? (Yes/No) Attach photocopy of relevant Certificate		Disability Type			Disability Percentage		
8	Category (UR/ST/SC/OBC) Reserve Category applicant attach photocopy of relevant Certificate)			9	Nationality			
					Name of the State			
10	Aadhar No. (Attach photocopy of Aadhar Card)			11	Marital Status (Married/Unmarried)			
12	Employment status of Guardian/Parent			Name & Address of the Employer				
13	Do you belong to Minority Group? (Yes/No)			If Yes name of the Group				
14	Are you pursuing any regular course from any University (Yes/No)			15	Previously have you completed any program from Tripura University? (If yes, mention Registration No)			
16	Address for Communication							

	Permanent Address					
17	Mobile Number		Email id			
18	Guardian's Contact Number					
19	Institute/Board last attended					
20	Academic Records					
	Examination Passed	Institute / Boards	Year of Passing	Subjects	Division	Percentage /CGPA
	Matriculation					
	Higher Secondary					
	Other					
21	Prizes/Awards/ Scholarships in academics /Sports /extramural activities (State Level / National Level) (if any)					
22	Do you need Bus facilities on defined road?				YES/NO	

DECLARATION OF THE CANDIDATE

I do hereby declare that, I have read and understood and agree to the terms stated in the General Instruction given by Rajarshi College of Education & Skill and filled up this admission form in accordance to the general instruction and prospectus provided by the college. I also hereby declare that the information given above is true and complete to the best of my knowledge and belief, and if any of it is found to be incorrect, my admission shall be liable to be cancelled and I shall be liable to such disciplinary action as may decide by the College. During the entire period of course curriculum, I shall not be involved in ragging or any kind of misconduct. I further, declare that, if selected for admission, I shall furnish an affidavit in this regard in the prescribed format before the Notary Public.

Date :

Applicant's Signature

Place :

Admission granted / not granted

Signature of Principal

RAJARSHI COLLEGE OF EDUCATION & SKILL

BAGBARI, LEMBUCHERRA, WEST TRIPURA

Bus/Transportation Facility Opt-In Form

Full Name :

Contact Number :

E-Mail Address:

Department:

Address :

Bus Route:/Pickup Location:

Student's Photo

*Once a Bus/Transport facility is availed a student cannot cancel the Bus/Transport facility for at least for at least One Academic year. Bus/Transportation fee should be paid monthly upfront by the 5th day of every month, failure to make timely payments will result in **imposing of fine of Rs. 200/- per month**. The rate Bus/Transportation fee is subject to adjustment according to prevailing circumstances. These adjustments may include, but are not limited to, changes in fuel prices, maintenance costs, or other factors affecting operational expenses. Any adjustments to the Bus/Transportation fee will be communicated to the students in advance.

DECLARATION

By submitting this form, I

agree to abide by the rules and regulations set by the college regarding the Bus/Transportation facility. I agree to pay the monthly bus fee upfront for the duration of my usage of the Bus/Transportation facility of at least One Academic year. I also understand that the availability of the bus facility is subject to change and maybe limited based on demand.

Signature of Guardian

Signature of Student