GOVERNMENT OF WEST BENGAL COOCH BEHAR GOVERNMENT ENGINEERING COLLEGE ADMISSION FORM-2020-2021

Office use only

Admission date to the College:

Class Roll No:

To, The Principal Cooch Behar Government Engineering College Cooch Behar- 736170

Respected Sir,

I do hereby apply for admission to B.Tech Degree Course in your College. My full particulars are given below.

Yours faithfully,

Date:

(Signature of the Student)

1. (i) Name(in block letter)	Photograph
(ii) Date of birth(iii) Age (on01.07.2020)	
(iv) General Merit Rank (v) Roll No.(WBJEE)	
(vi) Branch Allotted(vii) Gender	
viii) Religion ix) Whether Minority (Y/N)	
x) PWD candidate (Y/N) xi) Nature of PWD	
xii) Mob. No:	
xiv) Aadhaar No xv) Guardian's Mobile No	
2. Category (Gen/SC/ST/OBC-A/OBC-B)(Sub caste if any)	
3. a) Father's Name Occupation Occupation	
b) Mother's NameOccupation	
4. Present Address (with PIN & Phone No.)	
5. Permanent address	

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Checked & Verified

6. Identification MarkWeight (inKg.)	6. Identification Mark	_	_Height			
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7. Examinations Passed.

Name of Exam.	Name of the Institution	Name of the Board / Council / University	Year	Total marks secured	%/ Grade	Divn.
Madhyamik / 10th						
Higher Secondary/10+2						
Others						

8. Mark obtained in the H.S. or equivalent examination:

Physics		Chemistry			Mathematics	Biology/Other			Total/Grade	
Th	Pr	Total	Th	Pr	Total	Total	Th	Pr	Total	

9. Whether admitted to any College after H.S. Examination _____

I am to declare that above statement is true and aware of fact that my admission to this College is liable to be cancelled if any statement given by me is found wrong. I shall abide by the rules and regulation of this College.

Signature of the Student

I am to declare that above statement is true and aware of fact that my son's/daughter's admission to this College is liable to be cancelled if any statement given by him/her is found wrong. He/She shall abide by the rules and regulation of this College. I also undertake to pay the College dues regularly till completion of his/her study.

Signature of Guardian

Declaration Regarding Attendance

I do hereby declare that I will strictly follow the attendance criteria of the affiliating University as per norms and failing which I will not be able to fill up University semester Examination form.

Signature of Guardian Date:

Signature of Student Date: