



# SARADA CHARAN DEY COLLEGE, KALINAGAR

HAILAKANDI-788801

(Affiliated to Assam University, Silchar)

Application form for FYUGP (Arts & Commerce) as per NEP-2020

(Filled up by the candidate in his/her own hand writings)

Paste 1 photo  
and submit 2  
nos. photo  
copies.

1. Name (in block letter): \_\_\_\_\_
2. a) Father's Name: \_\_\_\_\_  
b) Mother's Name: \_\_\_\_\_
- 3) Personal Information: -
- a) Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_ Pin- \_\_\_\_\_
- b) Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ Pin- \_\_\_\_\_
- c) Self valid Email-Id:- \_\_\_\_\_
- d) Contact No. 1) \_\_\_\_\_ 2) \_\_\_\_\_
- e) Contact No. of the Guardian:- \_\_\_\_\_ / \_\_\_\_\_
- f) WhatsApp No.-1) \_\_\_\_\_ 2) \_\_\_\_\_
- g) AADHAR No.- \_\_\_\_\_
- h) Name of the college /Senior Secondary school from which passed H.S (10+2).- \_\_\_\_\_  
\_\_\_\_\_ year \_\_\_\_\_
- i) Caste: - EWS/OBC/MOBC/SC/ST/Tea Garden Community
- j) a) Religion \_\_\_\_\_ b) Sub-caste \_\_\_\_\_
- k) a) Mother Tongue: \_\_\_\_\_ b) Language Known \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
c) District \_\_\_\_\_ d) Constituency \_\_\_\_\_
- l) Marital status: - \_\_\_\_\_
- m) Skill based activities (if any) Dance/Sports/Yoga/NSS/NCC/Computer: - (Relevant Certificate required)

4) a) Academic details: -

| Standard         | Name of the Board | Year of passing | Total Marks | Marks obtained | Percentage | Result/Division | Remarks |
|------------------|-------------------|-----------------|-------------|----------------|------------|-----------------|---------|
| 10 <sup>th</sup> |                   |                 |             |                |            |                 |         |
| 12 <sup>th</sup> |                   |                 |             |                |            |                 |         |

(Enclose self-attested photocopy of Registration, Admit Card, Marksheet & Certificate documents)

B) i) Roll\_\_\_\_\_ ii) No.\_\_\_\_\_ iii) Registration. No.\_\_\_\_\_ (for HSLC examination)

C) i) Roll\_\_\_\_\_ ii) No.\_\_\_\_\_ iii) Registration No.\_\_\_\_\_ (for HS examination)

5) General Information: -

A) Father's occupation: - \_\_\_\_\_

B) Father's/Guardian Annual Income: - \_\_\_\_\_  
(Attached Original copy of Income certificate from Circle Office/Last institute passed)

C) Do you want to avail Fee waiver scheme of Govt. of Assam (Yes/ No) if yes then (photo copy required): -

6) Bank Details of the candidate (Filled mandatory): -

Account Holder Name: - \_\_\_\_\_

Account No. \_\_\_\_\_

IFSC Code: - \_\_\_\_\_ MICR Code: - \_\_\_\_\_

Branch Name: - \_\_\_\_\_

7. Unique ID (you may use the link <https://dheonlineadmission.amtron.in/>):-

Filled Mandatory: -

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6. Subject taken as per NEP-2020

\* Subjects will be opted at the time of verification on the basis of availability & seats.

**Declaration**

I declare that the above entries in the application form have been filled up in my own handwriting and the entries made are correct as per my document and to the best of my knowledge and I agree that if any statement is found to be false then the college authority shall have the right to take legal action against me for submitting false information.

Signature of the Parents/Guardian

Signature of the student.

**For office use only**

On the basis of application submitted dated \_\_\_\_\_ for the session 2023-24, the admission of the student has been provisionally approved, subject to fulfillment of all the criteria by the college authority. His/her **Enrolment** Number is

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
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and subject combination are as follows. -

**Officially Approved**

**Signature of the Convenor/  
Coordinator**



OFFICE OF THE LIBRARY  
SARADA CHARAN DEO COLLEGE, KALINAGAR  
(AFFILIATED TO ASSAM UNIVERSITY, SILCHAR)

LIBRARY REGISTRATION FORM  
SESSION:- 2023-24

( TO BE FILLED BY THE STUDENT IN HIS/HER OWN HAND WRITING)

Paste 1  
photo and  
submit 2 nos.  
photo copies.

1. NAME OF THE STUDENT (block letter)

2. FATHER'S NAME (block letter)

3. MOTHER'S NAME (block letter)

4. FULL ADDRESS:  
Town/Vill.  P.O.-   
Dist.:-  Pin.-   
Whatsapp No.

5. Own/self-Email-Id \_\_\_\_\_

6. FYUGP (Semester)

6. CLASS ROLL NO  DATE OF FIRST ADMISSION:

DECLARATION

I hereby declare that

- The statement made above are correct.
- I shall abide by the rules and regulation of the library of the college, and
- If any one of my statements found incorrect or not satisfactory, my Library Registration will be cancelled.
- I will maintain decorum of the library.

Signature of the students

Date:.....

For office library use only

On the basis of admission approval dated \_\_\_\_\_ for the session 2023-24, the admission of the student has been successfully completed library registration process. His/her Enrolment Number is \_\_\_\_\_ Library registration No. SCDC/Lib./2023-2024/ \_\_\_\_\_ dated \_\_\_\_\_

Library Approval

Date:- \_\_\_\_\_

Signature of the Librarian/ Library Professional

Date:- \_\_\_\_\_

## UNDERTAKING

Sl. No.....(Office Use)

Roll No. .... (Office Use)

Date.....(Office Use)

I,..... S/D/W of .....

Permanent resident of..... Dist. ....

Pin. ....hereby declare that , I would like to take admission in S.C. Dey College, Kalinagar.

Dist.:- Hailakandi. For the session 2022-2023.

Also I, affirmed that, after taking admission I will not apply/take admission in else where and my Unique ID ..... will be blocked.

Also, I affirmed that in case of any miscreants done by me then automatically my admission will be cancelled.

Personal Phone No.(Must) .....

WhatsApp No. (Must) .....

E-mail Id. (Must) .....

Parents Phone No. (Must) ...../.....

Photograph

Do not staple

USE GLUE

Parents/Guardian Signature

Signature of the Applicant

**"Proforma of Application for availing Fee Waving Scheme of the Govt. of Assam"**

To,  
The Principal  
S.C.Dey College, Kalinagar

Sub:- Application for availing Fee Waving Scheme of Govt. of Assam.

Madam

I have the honour to state that , I am a domicile of Assam and my parents' annual family income is not more than Rs.2 lacks. I declared that my father/mother is not a Govt./Semi Govt. employee . I have enclosed herewith Original Income Certificate issued by the Circle Officer of ...../ Notary Affidavit of...../Principal of ..... (Institution studied last), and a photo of planting a sapling by me with details in the attached signboard.

So, I request you to kindly grant my application to avail the benefit of the Fee waiving Scheme of the Govt. of Assam.

Yours faithfully,

Name:-

Father's Name-

Address-

Contact No.-