

Form No.

014

Dr. Rafiq Zakaria

College

For Women



DR. RAFIQ ZAKARIA CAMPUS - II

Dr. Rafiq Zakaria College For Women

(MINORITY INSTITUTION)

Navkhanda, Jubilee Park, Aurangabad.

Phone No. (0240) 2402462 Fax : 24022061

APPLICATION FOR ADMISSION

- Class : _____ Subject : _____ Year : _____
01. Name : Mr./Ms. _____
(Capital Letters) (Surname) (Name) (Father's Name)
02. Place of Birth : _____ Taluka _____ Dist : _____
State : _____ Nationality _____
03. Date of Birth _____
04. Religion : _____ Caste : _____ Sub-Caste : _____
05. Permanent Address : _____

06. Last Examination Passed : _____ Year : _____ Seat No. : _____
Marks Secured in Eng/Urdu/Pol. SC./Chemistry _____ Out of _____ Percentage : _____
Optional Subjects offered : _____
Institution Last Attended : _____
Name of the University : _____

DOCUMENTS SUBMITTED :

- | | |
|---------------------------|----------------------------------|
| 01. Marks Memo | Original / Duplicate / Photocopy |
| 02. Transfer Certificate | Original / Duplicate / Photocopy |
| 03. Migration Certificate | Original / Duplicate / Photocopy |
| 02. Transfer Certificate | Original / Duplicate / Photocopy |

The information furnished above and the documents submitted are true and genuine. I understand that the admission granted to me in subject of the issue of Eligibility Certificate.

Parent's Signature

Applicant's Signature

FOR OFFICE USE ONLY

01. Signature of Member Admission Committee :
02. Signature of Convenor Admission Committee :
03. Signature of Admission Clerk :

Roll NO. Allotted :

Principal