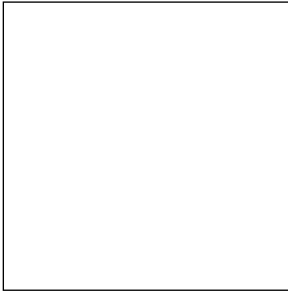


CACHAR COLLEGE
Silchar – 1
Application Form for Registration
(HS First Year)



Paste a recent PP size photograph
DO NOT STAPLE



Put your FULL SIGNATURE within the box using BLACK ink.
(DO NOT TOUCH THE LINES)

1. Name
(CAPITAL LETTERS) : _____
2. Gender Male Female 3. Caste _____
4. Religion _____ 5. Date of Birth :

DATE	MONTH	YEAR
6. Mother's Name
(CAPITAL LETTERS) : _____
7. Father's Name
(CAPITAL LETTERS) : _____
8. Address Village Town : _____
 P. O. : _____
 District : _____
 State : _____ PIN:

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9. Contact Number (must be an active number) :

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10. Email ID : _____
11. Name of Examination
(LAST APPEARED) : _____
12. Name of Board/Council
(SEBA / CBSE / Others) : _____
13. Year of Passing 14. Examination Roll Number 15. Total marks 16. Marks secured 17. Percentage of marks secured
- | | | | | |
|--|--|--|--|---|
| | | | | % |
|--|--|--|--|---|
18. Date of First Admission 19. Class Roll Number 20. Stream
- | | | |
|--|--|--|
| | | |
|--|--|--|
21. Subjects : i English ii MIL _____ / Alternative English
- iii. _____ iv. _____
- v. _____ vi. _____
22. Signature of the candidate: _____