

SPECTRUM COLLEGE OF EDUCATION



ADMISSION FORM

Registration No.]		(Fo	or O	ffic	e U	se o	only	')	Ph	oto	grap	h
Program / Course]												
Name Mr. / Ms.																			
Father's Name																			
Date of Birth	DD]	MM] Y	Y	A	ge :] Y	′rs.				
Place of Birth				Na	tion	ality	/								Sex	: M] F	
Postal Address																			
Pin Code					E-m	nail	ID												
Mobile No.							La	nd L	ine N	lo. [
Permanent Address																			
Pin Code							La	nd L	ine N	lo. [
Medium																			

Educational Qualification:

S. No.	Course/Class	Board/University	Subject	Year of Passing	%	Remarks

Category	Sub-(Caste
ST		
SC		
General		
OBC		
Blood Group		

Personal Details:

	Name	Profession	Office Address	Phone No. (With STD Code)	Mobile	E-mail
Father						
Mother						
Brother						
Sister						

Roll No.					
Enrollment No.					

Last Exam

Special Achievement (Sports, Cultural, Extra Curricular)

Place of Birth

Signature of Applicant