

Sibani Mandal Mahavidyalaya

South 24 Parganas, Namkhana, West Bengal 743357 Phone No.: 9775069660 Affix Photo Here

FOIII NO :				
For Office Use Only	Date of Admission :			
Admitted to :	Roll No :	Verified b	y:	
Courses Applied for :				
Applicant's Details :				
Applicant's Name :		Gender:	Gender:	
Date of Birth :		Blood Group :		
Reservation:		Religion:		
Father's/Guardian's Name:		Mother's Name :		
Address :				
Phone :		Aadhar Card No :		
University Reg No :		Previous Exam roll I	No:	
Last Examination Marks Details:				
I, hereby declare that, I agree to abide b		of College and also to the d		
eligibility for admission at the desired co	ourse. I have noted that the	Authority has the right to wit	hhold my application or cancel the	
application as may be deemed fit in the	event of any of the stateme	ents made above being found	d incorrect.	
Signature of Father/Guardian	Date of Submission : 03-11-2025		Signature of Applicant	