

APPLICATION NO:

REGISTRATION NO:



MISBAH WOMEN'S SHARIA COLLEGE

Managed by : Misbah Knowledge Foundation (R.)

Misbah Center, Opp. Karnataka Bank, Katipalla, Surathkal, Mangalore-575030

Ph : 0824-2270786 Cell : 7411287313, 9845844618

Passport Size
Colour Photograph
to be affixed
compulsorily

(All columns should be filled with block letters only. Incomplete forms will not be accepted)

1.	NAME (in block letters)
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2.	DATE OF BIRTH	(in words)
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3.	MOTHER TONGUE	4.	BLOOD GROUP
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5.	NATIONALITY	6.	STATE
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7.	PARTICULARS ABOUT PARENTS (ENTER EVERY ITEM)		
	a) Father's Name.....	(alive / not alive)	Qualification <input style="width: 100px;" type="text"/>
	Occupation.....	Annual Income	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	b) Mother's Name.....	(alive / not alive)	Qualification <input style="width: 100px;" type="text"/>
	Occupation.....	Annual Income	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

8.	GUARDIAN'S NAME & ADDRESS (in case of out station or whose parents are not alive)
	<hr/> <hr/>

9.	PERMANENT POSTAL ADDRESS :
	<hr/> <hr/> <hr/>
	PINCODE
	PHONE

10.	PRESENT ADDRESS :
	<hr/> <hr/> <hr/>
	PINCODE
	PHONE

I declare that all the particulars furnished above are true and correct.
I will abide by the rules and regulations of the college

Place:

Date:

SIGNATURE OF THE PARENT /GUARDIAN

SIGNATURE OF THE APPLICANT

FOR OFFICE USE ONLY

Admit to.....

Language.....

Full fees paid / Part Fees paid

Fees paid on.....

Receipt No:.....