APPLICATION FORM No. : GHG-DDN-CZMG/

Transis of the second s	OSHWAL EDUCATION TRUST MANAGED SHRI GOSAR HANSRAJ GOSRANI COMMERCE (ENG. MED.) & SHRI O.D. NAGDA B.B.A. COLLEGE BEACCREDITED BY NAAC- A GRADE SMT. CHANDRAMANIBEN ZAVERCHAND MEGHJI GOSRANI B.C.A. COLLEGE (SELF - FINANCED) GHG - DDN MANAGED - PG COLLEGE OF COMMERCE GHG - DDN MANAGED - PG COLLEGE OF COMMERCE GHG - DDN MANAGED - ICSI STUDY CENTRE SMT. MANJULABEN KESHAVJI MEGHJI GOSRANI LL.B. COLLEGE Shah Bhagwanji Kacharabhai Education Complex Ahead of Oshwal Circle, Nr. Gokulnagar, Indira Marg, Jamnagar - 361004, Phone : 2563885/86 Email : info.ghgbcom@oshwaleducationtrust.org, Website: ghgddn.oshwaleducationtrust.org									
	APPLICATION FOR ADMISSION IN B.Com. B.B.A. B.C.A.	Affix	Affix	Affix						
I	B.Com. B.B.A. B.C.A. M.Com. LL.B.	Latest Passport	Latest Passport	Latest Passport						
	Aadhaar No: Please Note : All columns should be filled in properly failing which admission will be cancelle All columns should be filled in BLOCK	Size Photograph of Father	Size Photograph of Mother	Size Photograph of Student						
	All columns should be filled in BLOCK LETTERS ONLY.	Father's Signature	Mother's Signature	Student's Signature						
A) 1.	APPLICANT'S REFERENCE Full Name :		-	Father's Name)						
	Local address for correspondence :									
	District:	District: City: Pin code:								
3.	Permanent address :									
	District:	City:	Pin code	e:						
4.	Phone : (Mob.)	(Mob.)	matsApp No. (Mo	b.) Father's Mobile No						
5.	Email id :	Student's Email Id :								
6.	Gender : Male Female									
7.	Date of Birth D M M Y Y Y Place of Birth :									
8.	Caste:	Caste: Sub Caste:								
		her (General)	ationality :							
	Minority Status(Jain/Sikh/Muslim	Christian/Buddhist/F	Parsi Or any Other):						
9.	Disability or any chronic disease	if any (Attach Certificat	Mother Tong	jue						
OSHWAL EDUCATION TRUST MANAGED Form No. : Receipt Date : Name :										
Арр	lied for B.Com. B.B.A. B.	C.A M.Com.	LL.B.							
Received by : Seal & Signature :										

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B) FAMILY REFERENCE

1.	Father's / Guardian's Full Name :										
	Mother's Full Name :										
2.	Office	e Address :									
	<u> </u>	Phone : (O) (R) :									
3.	Father's Email ID :										
4.	Occu	ccupation:5. Annual Income Rs. :									
6.	Brother / Sister studied in college : Name				Course						
	Year of passing										
C)			EFERENC								
1.	Name	e of the sch	nool/College	e last attend	ded						
2.	Partic	culars of the	e examinati	on in which	n I appe	eared and	d passed are as	under:			
	Total Marka					Month & No. of					
Exam	mination	Examining Body	9		(*)	CGPA	Seat No.	Year of	No. of Attempts		
		,	Obtained					Passing			
S.	S. C.										
Н.	S. C.										
Grad	luation										
•		•	mark sheets c / LL.B. Stue		'/Gradua	tion along v	with the original)	* Do n	ot write PR		
D) S	PORT		URAL ACT SPORTS					URAL			
		1									
	2					2	·····				
E) G	ENER	AL									
1. 2.	l have institu	carefully re tion in force	as well as	ution's Pros those that m	pectus. nay be	I agree to made here	ng my study. abide by all the eafter I shall also regularly from the	endeavour to e	enhance the		
Note	attenda	ance, class-		ments, test p	perform		by the college ar such other things,				
Date :	D	D MM YYY	Y					Signature of the	e applicant		
Encl :- I		ASSPORT SIZE F Attested Copy Attested Copy Attested Copy First Attempt (Character Cer Attested Copy Attested Copy GAP Certifica Provisional El Cultural & Spo	 of HSC result sh of School Leavin of the SSC resul 	AFFIX IN ADMISS eet / Graduation ig Certificate t sheet school last attend icate ate (SC/ST/S. E. year gap after 12 . (For C. B. S. E.	Mark shee led) B. C(OBC) th) & Other B	t / Degree Cer)/Minority - STI oard students)	UDENTS)				

Attested copy of Aadhar card
 Affidavit if the age is above 30 years (Only for LL.B.)