



LAL BAHADUR SHASTRI COLLEGE OF HIGHER EDUCATION, BAREILLY

(Affiliated to M.J.P.Rohilkhand University, Bareilly)

Bisalpur Road, BAREILLY - 243126

Ph.: 8395862000, 8395892000, 9457407129, e-mail: admission@lbsimt.com

Form No.

to be given by office

B.Com (H) 2017-2020

Registration Form

(To be filled by the applicant)

Affix your recent
colored passport
size photograph
here

1. Full Name.....

(In Capital Letters)

2. Date of Birth 3. Sex Male Female

4. Correspondence Address.....

..... PIN..... Phone Fax.....

E-mail.....

5. Permanent Address

..... PIN Phone Fax.....

6. Nationality..... 7. State of Domicile.....

8. Father's Name/ Husband's Name..... Occupation.....

Official Address.....

Phone No. Mobile:-

9. Academic Qualifications

EXAMINATION PASSED	YEAR OF PASSING OUT	NAME OF SCHOOL/ALONG WITH NAME OF BAORD	SUBJECTS	PERCENTAGE OF MARKS OBTAINED
10th				
12th				

DECLARATION

I declare that the information given in the application form is true. I also declare that I have not applied earlier with the same written score in the same category. The application, if found incorrect, at any stage, may be rejected without notice.

Date.....

Signature of the Applicant