



बोर्ड ऑफ सेकेण्डरी एज्युकेशन, मध्य भारत ग्वालियर

Board of Secondary Education, Madhya Bharat Gwalior

Recognized by : Intermediate Education act 1921
Office : H.No. 5, Patha Wala Mohalla, Sikandar Kampus, Laskar, Gwalior- 474001
Office : H.No. 15, Behind Modi Park, Sant Pura, Bishokar Road, Govindpuri,
Madinagar-201201

Website : www.bsembgwalior.edu.in, E-mail : bsembboard@gmail.com

APPLICATION FORM FOR ADMISSION

(Write in CAPITAL letters only)

Enrollment No :

(For Office use only)

Roll No.

Academic year

Course name and code

Subject name and code 1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____

Year Applied

Name of the Exam Centre & Code

Name of the information Centre & Code

1. Name of the Applicant as in the Birth Certificate or Marks card

2. Father's Name

3. Mother's Name

4. Sex : Male

Female

4. Date of Birth & Age : Date _____ Month _____ Year _____ Age _____

5. a) Personal Marks of Identification : b) Category : Private / Regular

1) _____
2) _____

6. Address for Correspondence (do not repeat name)

City _____ State _____ Pin Code : _____

Country _____ STD Code _____ Phone _____

Mobile : _____ E-mail : _____

7. Permanent Address (do not repeat name)

City _____ State _____ Pin Code : _____

Adm. Appl. No.

Affix your recent
Passport size Photograph
duly signed by the
candidate and attested by
the head of the
Institutions

Do not Pin or Stamping

8. a) Nationality :

b) Religion : () Hindu Christian Muslim Others

c) Community () OC BC OBC MBC DNC SC ST

d) Caste :

a) State : b) Region : Rural Urban

9. Details of Educational Qualifications

S.No.	Name of the Qualifying Exam.	Month & Year of Passing	Name of the School/College Studied	Name of the Board	Certificate No.	% obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Fees Payment Particulars : (.....)

a) Name of the Bank	<input type="text"/>		
b) DD Number	<input type="text"/>		
c) DD Date	Date <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
d) Amount Rs	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rupees (in words)

DECLARATION

I hereby declare that the information furnished herein are true and correct to the best of my knowledge and belief. I have read the prospectus and the rules and regulations of the board, that the examinations conducted by the board are completely valid for higher studies and jobs under intermediate education act 1921. In case I will not get admission in higher education or do not get job I will not claim for admission/jobs.

Signature of the Applicant

Details of Xerox copies of the certificates submitted by the candidate at the time of admission :

S.No.	Particulars	Sl. No.	Year of Passing
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration of the Candidate

I declare that all the above Xerox copies of the certificates submitted by me at the time of admission are true and genuine.

Signature of the Candidate

Place :

Date :



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EXAMINATION APPLICATION FORM

1. Name of the Course : 2. Course Code :

3. Examination Centre : 4. Exam Centre Code :

Enrollment No :
(Fee Office use only)

Roll No. :

1. Name of the Candidate
(in Block Letter)

2. Father's Name (in Block Letters)

3. Mother's Name (in Block Letters)

4. Date of Birth Date Month Year
5. Sex : Male / Female

Affix
your recent
passport size
photograph
(duly attested by
responsible
officer)

5. Address

.....
.....
.....

Pin : Phone No. :
E-mail :
.....

6. Year for which you are appearing [] :

7. Examination Fees Payment Details :

S.No.	Detail	Total Nos.	Amount (Rs.)	Total (Rs.)
1.	Cost of Application Form			
2.	Late Fee			
	Grand Total			

a) D.D. No. : b) D.D. Date: c) D.D. Amount Rs.
b) Name & Place of the Bank :
(Attach the copy of the challan if remittance directly)



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EXAMINATION APPLICATION FORM

8. Subjects in which you are appearing:

S.No.	Subject Name	Subject Code	Semester	Year
1.				
2.				
3.				
4.				
5.				
6.				

DECLARATION

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Place : Signature of the Candidate
Date : Seal and Signature of the Head of Institution



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EXAMINATION HALL TICKET

(To be filled by the Candidate)

1.	Name of the Candidate : <input type="text"/>		
2.	Register Number	: <input type="text"/>	
3.	Name of the Course	: <input type="text"/>	
4.	Name of the Branch	: <input type="text"/>	
5.	Course Code	: <input type="text"/>	
6.	Examination Centre Name & Code	: <input type="text"/>	
7.	Information Centre Name & Code	: <input type="text"/>	
8.	Year / Semester appearing	: <input type="text"/>	

SUBJECT APPEARING

S.No.	Subject Code	Subject Name	Date of Exam	Signature of Candidate	Hall Supervisor Signature/Invigilator
1.					
2.					
3.					
4.					
5.					
6.					

Affix your recent passport size photograph (duly attested by responsible officer)

Signature of the Candidate

Signature of the Head of Institutions

Controller of Examination

(* to be filled at the time of Examination)