Kishori Sinha Mahila College, Aurangabad, Bihar

NAAC Students Survey Forms

(PLEASE CAREFULLY FILLUP IN THE CAPITAL LETTER IN ENGLISH ONLY)

Session……..…

Photo

☐ Traditional Students ☐ Vocational Students

Student Name-….……..……..……..…..

…….……

Father's Name- …..……..…….….

Date of Birth (DD/MM/YYYY)-……..……..……..……..……

Course /Class- ……..… Deptt./Subject :..…..……..……..……..……..

Year /Semester……..,…..…....……Roll No.…….…….....……...

Marital Status:……... ....Caste/Categories……...……...

Contact No. ……..……Gender…..……...……..

Blood Group……..… Aadhar No. ……..……..

Email ID……..……..

Physical Disabilities: Yes ☐ No ☐
(If **Yes** Please Attached copy of Physical Disabilities Certificate and Documents)

Present Address :……... ……..

……..……..……...

Permanent Address…….....

……..……..……...

……..……..……..

Note :- Please attached copy of Admission receipts or Students ID Proof

Sign. Of Verified Officers **Applicant Signature**