CACHAR COLLEGE
Silchar – 1
Application Form for Registration
(HS First Year)

Paste a recent PP size photograph
DO NOT STAPLE

Put your FULL SIGNATURE within the box using BLACK ink.
(DO NOT TOUCH THE LINES)

1. Name
(CAPITAL LETTERS) :

2. Gender **Male** ☐ **Female** ☐ 3. Caste

4. Religion 5. Date of Birth : DATE MONTH YEAR

6. Mother's Name
(CAPITAL LETTERS) :

7. Father's Name
(CAPITAL LETTERS) :

8. Address Village Town :
P. O. :
District :
State : PIN:

9. Contact Number *(must be an active number)* :

10. Email ID :

11. Name of Examination
(LAST APPEARED) :

12. Name of Board/Council
(SEBA / CBSE / Others) :

13. Year of Passing	14. Examination Roll Number	15. Total marks	16. Marks secured	17. Percentage of marks secured
				%

18. Date of First Admission	19. Class Roll Number	20. Stream

21. Subjects : i **English** ii **MIL** / **Alternative English**
iii. iv.
v. vi.

22. **Signature of the candidate:**