



OXFORD COLLEGE

GWALIOR

Ph. 0751-6499446, 4048476

Email : oxford.gwalior@gmail.com

APPLICATION FORM

Date of Admission: _____

Course Applied For : _____

A. Personal Details (in block letters)

Name of Student: _____

Date of Birth (As per High School Certificate): _____

Father's /Husband's Name: _____

Mother's Name: _____

Nationality: _____ Married/Unmarried: _____

Educational Qualification:

Class	Year	Subject	Board/University	Roll No.	% of Marks	Regular/Private
High School						
Higher Secondary						
Graduation						
Post Graduation						

Mailing Address: _____

_____ Pin: _____

Phone: _____ Mobile: _____

Permanent Address : _____

_____ Pin: _____

Phone: _____ Mobile: _____



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Name of Local Guardian: _____

Whether belongs to S.C./S.T./O.B.C., if yes, enclose certificate): _____

Religion: _____

Whether in Govt. Service, if yes, mention status : _____

Declaration:

Irequest for admission to
(Course Name) and promise to abide by the rules of the Institute and the University. I declare that the particulars given above are true to the best of my knowledge and I understand that any suppression of information by me shall lead to my expulsion from the above course.

I have read and understood the instructions / information contained in the information bulletin / prospectus. I hereby agree to abide by the decision of the Principal in all matters regarding admission to study for(Course Name)

I have never been disqualified from appearing in any examination.

I understand that if any information is found wrong / misleading later on, my admission may be cancelled by the Institute.

Signature of Student

Signature of Parents / Guardian
