## AJAY KUMAR GARG ENGINEERING COLLEGE - MCA

27<sup>th</sup> Km Stone, Delhi-Hapur Bypass Road, Adhyatmik Nagar, GHAZIABAD-201009 Phone: 8744092891-94, 7290034976, 7290034978

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## APPLICATION FOR DIRECT ADMISSION TO MCA PROGRAM

(Recognized by A.I.C.T.E. and affiliated to Dr. A. P. J. Abdul Kalam Technical University, Lucknow (U.P.)

A) UP SEE	Roll No	Gen	Rank	Cate	gory R	ank	······	
B) Any other 6 (mention na		Roll No		Rank				
1. Name in Ful	l (CAPITAL LET	TERS)					Please Affix Passport Size	
2. Father's Nar	ne		3. Date of Birth					
4. Nationality.			5. Category : C	Gen / SC / S	Г / ОВ	3C		
6. Sex : Male /	Female		7. State of Do	micile				
8. Permai	nent Address	9. Corres	9. Correspondence Address			10. Local Guardian's Address		
			_					
Pin Code		Pin Code	Pin Code			Pin Code		
Mob. No.		Mob. No.	Mob. No.			Mob. No.		
11. ACAI	DEMIC QUALIFI	CATION			I			
EXAMINATION PASSED	SCHOOL / COLLEGE	BOARD / UNIVERSITY	YEAR OF PASSING	OVERAL % AGE	LL	SUBJECTS TAKEN		
10 <sup>th</sup>								
12 <sup>th</sup>								
Graduation								
Any Other								
	XII and / or BA / B					1		

13.	The following documents must be enclosed with the application form:  1. Photocopy of Mark sheet of Qualifying examination(s).							
	2. Photocopy of valid rank letter(s)	•						
I und	ration: I confirm that the information perstand that in the event of my admission could be cancelled without notice.							
Unive	ner declare that I have never been debrsity. I also declare that I have not beer y criminal offence and sentenced to imp	n convicted by any Court of	Law in India or abroad at any time					
	ner confirm and undertake to abide by PJ Abdul Kalam Technical University, l							
I am a	ware that as per honourable Supreme C	Court order Ragging is totally	prohibited.					
		Signature of student						
	firm that the above DECLARATION r line and abide by the College Rules and	• •	t. I undertake that he will maintain					
		Signature of Father/	Guardian					
Date:		Name						
	FOR OF	FFICE USE ONLY						
		Verified By :						
		Signature:						
Date	:	Name:						