

Price : Rs. 500/-



# RAJARSHI SCHOOL OF MANAGEMENT & TECHNOLOGY

UDAI PRATAP COLLEGE CAMPUS VARANASI-221002 (U.P.)

(Affiliated to U. P. Technical University, Lucknow)

Ph.: 0542-2281061, 2280674 • web. : www.rsmt.ac.in

*It's where you want to be.*

## Application form

No.

Course Applied for

**MCA**

Name Mr./Ms.  
(In Block Letters)

First Name

Middle Name

Sir Name

Father's Name

Mother's Name

Date of Birth

Day

Month

Year

Gender : (M/F)

Address  
(For Correspondence)

Contact No.

1.

2.

Pin Code

E-mail

Religion

Category: SC/ST/OBC/GENERAL

Aadhar No.

Local Address

Permanent Address

## Educational Qualification

Name of Examination	Passing Year	% Marks Obtained	Division	School/ Institution	Board/ University
1. High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Intermediate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Declaration by Applicant

- I hereby declare that the information given by me in this form is correct to the best of my knowledge and belief. I have not concealed any fact or information and I duly possess the minimum prescribed qualification. I understand that in case anything is found contradictory or false, my admission shall be cancelled. In such case, the entire responsibility will be mine.
- I shall abide by the rules, syllabus, examination scheme etc., as prescribed and may be prescribed by the University from time to time.
- I have never been prosecuted or convicted by any criminal court.
- I have understood that RSMT is not responsible for any kind of postal delays.  
All subject to the jurisdiction of Varanasi Court only.

Date

Place

Signature of Guardian

Signature of Applicant



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## Verification form

Roll No. \_\_\_\_\_

Course Applied for

**MCA**

Name Mr./Ms.  
(In Block Letters)

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Sir Name \_\_\_\_\_

Father's Name

\_\_\_\_\_

Mother's Name

\_\_\_\_\_

Date of Birth

Day   Month   Year     Gender : (M/F)

Address  
(For Correspondence)

\_\_\_\_\_  
\_\_\_\_\_

Contact No.

1. \_\_\_\_\_ 2. \_\_\_\_\_ Pin Code

Test Centre

\_\_\_\_\_

Candidate's Signature in Examination Hall-

Date	Time	Paper	Candidate's Signature	Invigilator's Signature

Candidate is to sign this form in front of invigilator

\_\_\_\_\_ Centre Superintendent



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## Admit Card

Roll No. \_\_\_\_\_

Course Applied for

**MCA**

Name Mr./Ms.

\_\_\_\_\_

Father's/Husband's Name

\_\_\_\_\_

Test Centre

\_\_\_\_\_

Date

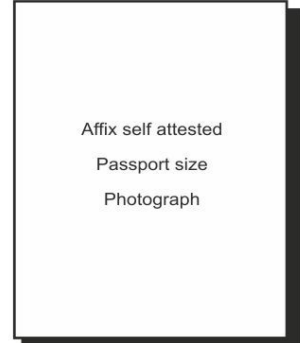
\_\_\_\_\_

Time

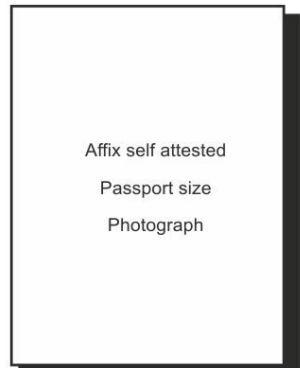
\_\_\_\_\_

Candidate's Signature

Centre Superintendent



Affix self attested  
Passport size  
Photograph



Affix self attested  
Passport size  
Photograph