SL. NO.



KASTURBA GANDHI INSTITUTE OF HIGHER EDUCATION

KEBALI, ROING, 792110, ARUNACHAL PRADESH Recognized by UGC/NCTE (A Statutory body of the Govt of India) and Affiliated to Rajiv Gandhi University, Rono Hills, Doimukh, Arunachal Pradesh

ADMISSION FORM: B.A. (2023-2026)

DEPARTMENT/INSTITUTE	
SESSION	
COURSE	
Personal Details	
Name: (in block letters)	*
2. Father's/Husband Name	
3. Mother's Name	
4. Date of Birth Day Month	Year
5. Sex (Please √) Male Female	Third Gender
6. Category (Please √) SC ST	OBC (NCL) Gen
7. Religion :	
8. Adhar Card No.:- 9.Ba	nk Account No.:
10. Address a) Permanent :	
b) Local Guardian's address:	
11. Contact Details: Landline (Home)	Cell Phone
12. Email ID:	
13. Whether Physically Challenged? Yes	No
14. Whether ward of ex-Service man? Yes	No No
15. Whether Kashmiri Migrant? Yes	No No
16. Whether having Certificate of NCC/NSS/Sports (State	e, National & International)?
17. Specify the Quota applied for: Sports Quota	Supernumerary
ACKNOWLEDG Received Application No. :	MENT Date:
By the Office Assistant	
1	

	nistitution last att	ended (Class XI	I)						
20	Board of Examina	ation			********				
20.	. Medium of Instructions								
21.	Subject Offer.								
	Compulsory Engl	ish							
	Optional Subjects								
	1								
	3			4					
22.	Educational Qual	ification :							
	Name of Exam	Board/ University	Year of Passing	Subject (s) Offered	Mark obtained	%age of Marks	CGPA to %age conversion Formula		
	High School (Class X)						Tomak		
	Higher Secondary (10+2)								
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