

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. (2026-2030)

DEPARTMENT/INSTITUTE

SESSION

COURSE

Personal Details

1. 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. Bank 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

15. Whether Kashmiri Migrant?

Yes

No

16. Whether having Certificate of NCC/NSS/Sports (State, National & International)?

17. Specify the Quota applied for : Sports Quota

Supernumerary

ACKNOWLEDGMENT

Received Application No. :-

Date :-.....

By the Office Assistant.....

Sign. of the Office Assistant

18. Institution last attended (Class XII)
19. Board of Examination
20. Medium of Instructions
21. Subject Offer.

Optional Subjects

1. 2.
3.

22. Educational Qualification :

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)						
Higher Secondary (10+2)						

23. Whether in Service? Yes ☐ No ☐ (If yes, attach **No Objection Certificate** from your employer)

DECLARATION

- I do hereby declare that the above stated information are true to the best of my knowledge. If any information proves to be wrong, I shall be liable to action as per rules of the university. I have gone through the rules of admission etc. and shall abide by the same in the event of my admission.
- In case of my selection and admission in the university rules, failing which I may be disqualified from appearing the university examination.

Signature of the applicant

VERIFICATION & SELECTION

Verified and found correct

Name and Signature of Members, Admission committee

1. 2. 3.

Admission: Allowed ☐ Not allowed ☐

Roll No Allotted: - Signature of Head/Director of the Dept. /Institute

NOTE

- Incomplete application form will not be entertained.
- Application forms received after the expiry of due date will not be accepted.

CHECK LIST

The following self-attested Photostatted documents must be attached with the Application form.

- Certificate of age proof.
- Certificate and mark sheet of all examinations passed (Class X onwards, 2 copies each)
- ST/SC/OBC Certificate (02 Copies)
- 3 (Three) Copies of recent passport size photograph.
- No Objection Certificate in case of in-service candidates.