

LAL BAHADUR SHASTRI COLLEGE OF HIGHER EDUCATION

(Affiliated to M.J.P.Rohilkhand University, Bareilly) 11th K.M, Bisalpur Road, Bareilly - 243126

Mob. 9068804906, 8923608488 e-mail: admission@lbsimt.com

Form No. to be given by office

1. NAME

Application Form
(To be filled by the applicant)
Session- 2023-2026

Affix your recent colored passport size photograph here.

BCA (Corporate) Bachelor of Computer Application

2. FATHER'S	NAME								
3. MOTHER'S	S NAME								
4. PERMANE	NT ADDRESS	S							
5. CITY				STATE					
6. CONTACT NUMBER 7. DOB 8. ACADEMIC	QUALIFICA	TION:	GENDER	MALE	FEM	ALE			
EXAMINATION PASSED	SUBJECT NAME OF SCHOOL ALONG WITH NAME OF BOARD					YEAR C PASSIN		MAX IARK	OBTAIN MARKS
HIGH SCHOOL INTERMEDIATE			DOARD			TASSIIV	G N	AKK	MAKKS
ANY OTHER									
9. CATEGORY 10. AADHAAR NU 11. FAMILY INCO		OBC	SC BELOW ₹	ST 200000/-					

Declaration

I declare that the information given in the application form is true. The application, if found incorrect, at any stage, may be rejected without notice.

DATE:

PLACE