



Form No:

MIDNAPORE COLLEGE (AUTONOMOUS)

APPLICATION FOR ADMISSION TO CERTIFICATE COURSE (2019-20) FILM STUDIES (6 Months Duration)

Name:

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Father's/ Guardians Name:

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Address:

Date of Birth:

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 Age:

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 Sex:

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Mobile No:

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Email id:

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Education Qualification:

Name of Examination	Name of Board/ Council	Year of Passing	Total Marks	Percentage of Marks	Remarks
Madhyamik/ Equivalent Examination					
H.S/ Equivalent Examination					
Graduation/ Equivalent Examination					

- a) Application for the course:
- b) College Students (Already Admitted) Roll No: Hons. Sub. Gen 1st / 2nd / 3rd Year
- c) Other Students: Year of Passing: Hons. Subject / Gen.
- d) Other activities:

Date: _____ Signature of the Applicant

Form No:

Received a form of 6 Months Certificate Course Film Studies.
Sri / Smt.

Date: _____ Receiving Officer