

S.M.D. COLLEGE,

SHRIPALPUR, PUNPUN, PATNA

DOCUMENT VERIFICATION CHECK FORM

U.G. Semester - I (Session- 2025-2029)

Application No.:-				COURSE:-			Date:-		Checked By College (Yes/No)
Applicant's Name (Capital letter)									
Father's Name (Capital letter)									
Mother's Name (Capital letter)									
Date of Birth				Gender:-		Category:			
Class	Board	Passing Year	Roll Code	Roll No.	Maximum marks	Marks obtained	Percentage (%)		
10th									
12th									
Details for Correspondence:-									
VILL/AT:-				PO:-			PS:-		
DIST:-					PIN Code:-				
Mob No:-			Email:-						
Major (MJC):			Minor(MIC):		Multidisciplinary Course (MDC):				
Ability Enhancement Course (AEC):					Skill Enhancement Course (SEC):				
Value Added Course (VAC):									
*Confidential Number:-									

Signature of Applicant's
(आवेदक)

Signature of College Staff

Full Name:-