

**GOVT. GENERAL ZORAWAR SINGH MEMORIAL DEGREE COLLEGE, REASI (J&K)**

( Affiliated to University of Jammu )



Website : [www.gdcreasi.co.in](http://www.gdcreasi.co.in)

Email : [principalgdcreasi20@gmail.com](mailto:principalgdcreasi20@gmail.com)

Phone : 01991-245590

Mobile : 9419156980

**ADMISSION NOTICE**

It is for the information of all the 5<sup>th</sup> semester students of B.A/ Pol. Science & Psychology Honours (Regular& Private) that after successfully completing their registration process, the admission will begin from 11<sup>th</sup> of July onwards as per the following schedule:

**ARTS STREAM:**

S.No.	ROLL NUMBERS (4 <sup>TH</sup> SEMESTER)	DATE OF ADMISSION	TOTAL NUMBER OF STUDENTS
01.	406410001 - 406410050	11-07-2023	50
02.	406410051 - 406410100	12-07-2023	50
03.	406410101 - 406410150	13-07-2023	50
04.	406410151 - 406410200	14-07-2023	50
05.	406410201 - 406410250	15-07-2023	50
06.	406410251 - 406410300	17-07-2023	50
07.	406410301 & ONWARDS	18-07-2023	-
08.	PRIVATE STUDENTS	19-07-2023	-
09.	HONOURS STUDENTS	20-07-2023	-

**NOTE:**

1. Admission will be done strictly as per the given schedule.
2. Students are advised to come on the designated days only.
3. Admission form and bank challan will be shared with students to avoid any delay or inconvenience.
4. Documents required:
  - a. Admission Form
  - b. Bank Challan
  - c. Photograph (4 No.)
  - d. Category (If any)
  - e. Marks sheet (Both 1<sup>st</sup> & 3<sup>rd</sup> semester- 3 copies)

CONVENER- Dr. Saleem Ahmed

# GOVT. GENERAL ZORAWAR SINGH MEMORIAL DEGREE COLLEGE REASI(GDC REASI)

## ADMISSION FORM

OLD POLICY

STREAM

PHOTO  
PASTE  
HERE

Mobile No.

Whatsapp No.

STUDENT NAME.

(Capital Letter)

FATHER NAME...

(Capital Letter)

MOTHER NAME.

(Capital Letter)

Email ID:

Student Sign.

Permanent Address:

Village/Town :..... Block:.....

Tehsil .....District.....State :..... Pin code..

Present Address:

Village/Town :.....Block.....

Tehsil .....District.....State.....Pin Code...

Date of birth

D	D	M	M	Y	Y	Y	Y

Gender : M

F	T	

Religion: Hindu

--

Muslim

--

Sikh

--

Christian

--

Category: General

--

SC

--

ST

--

OBC

--

RBA

--

EWS

--

ALC

--

PSP

--

PHC

--

Other

--

Previous Examination Details:

Class	Subject Stream	Year of passing	Board/University	Roll number	Reg. Number	Marks obtained /Max. marks
Sem 1 <sup>st</sup>						
Sem 3 <sup>rd</sup>						

Subjects Opted for UG Semester: Semester 3<sup>rd</sup>

--

Semester 5<sup>th</sup>

--

5 <sup>th</sup> Arts	DSE-1	DSE-2	GENERIC	SKILL	AECC
Subjects					
3 <sup>rd</sup> & 5 <sup>th</sup> Science	Core-1	Core-2	Core-3	Skill	AECC
Subjects					
3 <sup>rd</sup> Arts	Core-1	Core-2	Core-3	Skill	Nil
Subjects					Nil
Honours 3 <sup>rd</sup> & 5 <sup>th</sup> Sem.					

**DECLARATION BY THE STUDENT:**

I.....S/O, D/O.....solemnly declare that the information given above is true and authentic. Besides, I undertake to abide by the rules and regulations of the college and follow the instructions that shall be issued from time to time by the college Administration.

SIGNATURE OF THE STUDENT

**DECLARATION BY THE PARENT/GUARDIAN:**

I declare that I am Parent/Guardian of.....do hereby undertake that I shall be personally responsible for any misconduct of my ward or for any breach of college rules and regulations by him/her.

NAME OF FATHER/GUARDIAN: .....

SIGNATURE:.....

**(THIS SECTION IS NOT USE FOR STUDENTS)****CHECKED AND VERIFIED BY THE ADMISSION COMMITTEE:**

5 <sup>th</sup> Arts	DSE-1	DSE-2	GENERIC	SKILL	AECC
Subjects					
3 <sup>rd</sup> & 5 <sup>th</sup> Science	Core-1	Core-2	Core-3	Skill	AECC
Subjects					
3 <sup>rd</sup> Arts	Core-1	Core-2	Core-3	Skill	Nil
Subjects					Nil

TOTAL FEE :

VERIFIED: 1.....2.....3.....4.....5.....6.....

CONVENER'S SIGNATURE

DATE:...../...../.....

**FOR OFFICE USE ONLY**

Total Fee Collected:

Through: Challan

☐

Cash

☐

NAME &amp; SIGNATURE OF FEE COLLECTOR

CLASS ROLL NO

UNIVERSITY ROLL NO

UNIVERSITY REG. NO.

**GOVT. GENERAL ZORAWAR SINGH MEMORIAL DEGREE COLLEGE REASI(GDC REASI)**

STREAM	<h2><u>LIBRARY FORM</u></h2> <p>(Old Policy)</p> <p><b><u>To be filled in by the office</u></b></p>	UG Semester

STUDENT ID		UNIVERSITY ROLL NO		UNIVERSITY REG. NO.	
------------	--	--------------------	--	---------------------	--

Subject	1	2	3	4	5	6	7
Opted							

**To be filled by the Student**

STUDENT NAME	.....	Mobile No.	Whatsapp No.
(Capital Letter)			
FATHER NAME	.....		
(Capital Letter)			
MOTHER NAME	.....		
(Capital Letter)			
Email ID:			

**PHOTO  
PASTE  
HERE**

↑  
**Student Sign.**

Permanent Address:

Village/Town :..... Block:.....

Tehsil .....District..... State :..... Pin code..

Present Address:

Village/Town :.....Block.....

Tehsil .....District.....State.....Pin Code...

Date of birth

D	D	M	M	Y	Y	Y	Y

Gender : M ☐ F ☐ T ☐ Religion: Hindu ☐ Muslim ☐ Sikh ☐ Christian ☐

Category: General ☐ SC ☐ ST ☐ OBC ☐ RBA ☐ EWS ☐ ALC ☐ PSP ☐ PHC ☐ Other ☐

Previous Examination Details:

Class	Subject Stream	Year of passing	Board/University	Roll number	Reg. Number	Marks obtained /Max. marks
Sem 1 <sup>st</sup>						
Sem 3 <sup>rd</sup>						

**In which intrested:**

Sports.....NCC.....NSS.....Cultural Activities.....other.....

Nominee for Group Insurance:

Relationship with

### **UNDERTAKING BY THE STUDENTS ON RAGGING**

☐ I CONFIRM THAT I HAVE READ UGC'S REGULATIONS ON RAGGING(WHICH WAS ALSO DISPLAYED ON THE COLLEGE NOTICE BOARDS)

☐ I CONFIRM THAT I HAVE READ THE JUDGMENT OF THE HON. SUPREME COURT ON PREVENTION OF RAGGING (WHICH WAS ALSO DISPLAYED ON THE COLLEGE NOTICE BOARDS)

☐ I PROMISE THAT I WILL NOT INDULGE IN RAGGING(ANY CONDUCT WHETHER BY WORDS SPOKEN OR WRITTEN OR BY AN ACT WHICH HAS THE EFFECT OF TEASING, TREATING OR HANDLING WITH RUDENESS A FRESHER OR ANY OTHER STUDENTS, OR ANY ACT OF PHYSICAL ABUSE INCLUDING SEXUAL ABUSE, HOMOSEXUAL ASSAULTS, STRIPPING, FORCING OBSCENE AND LEWD ACTS, GESTURED, CAUSING BODILY HARM OR ANY OTHER DANGER TO HEALTH OR PERSON) OR ANY FORM OF VIOLENT BEHAVIOUR. NIETHER WILL I TOLERATE BEING RAGGED OR SUBJECTED TO VIOLENCE .

☐ I UNDERSTAND THAT IF I AM ACCUSED OF RAGGING, THE RESPONSIBILITY IS ON ME TO PROVE THAT I AM NOT GUILTY.

☐ I WILL NOT REMAIN A SPECTATOR TO ACTS OF RAGGING. I WILL REPORT THE MATTER IMMEDIATELY TO MY PRINCIPAL AND/ OR TO THE ANTI RAGGING HELPLINE AT 18001805522 OR EMAIL TO [INFO@ANTIRAGGING.IN](mailto:INFO@ANTIRAGGING.IN).



NAME OF THE STUDENT.....



SIGNATURE OF THE STUDENT.....



[illegible]

**IMPORTANT DOCUMENTS REQUIRED FOR ADMISSION:**

1. Marks Card of 1<sup>st</sup> and 3<sup>rd</sup> Sem (Three copies).
2. Passport size photographs(5 copies).
3. In case of private candidate, the gap affidavit is mandatory .
4. Reserve category certificate(if any) from the competent authority, as per SRO 126/294 in original alongwith 2 copies.
5. Aadhar card one copy.(if available)
6. Bank passbook one copy(if available)
7. Domicile Certificate(if available)

 <b>Bank Copy</b> 	
<b>Jammu and Kashmir Bank Ltd</b> Govt. General Zorawar Singh Memorial Degree College, Reasi (To be filled in by the candidate)	
Date	
A/C No. : 0029040500014905	
Name:	
Parentage:	
DOB:	
Program: UG Semester-I/III/ (CBCS)/Sem-V	
Admission Fee	Rs.
Late Fee	Rs.
Total	Rs.
In Words: (Rupees _____)	
_____ Sig. and seal of convener Admission Committee (To be filled by the Bank)	
J&K Bank Name :	Branch:
Deposit Date:	
Branch Stamp	Authorized Signatory

 <b>College Copy</b> 	
<b>Jammu and Kashmir Bank Ltd</b> Govt. General Zorawar Singh Memorial Degree College, Reasi (To be filled in by the candidate)	
Date	
A/C No. : 0029040500014905	
Name:	
Parentage:	
DOB:	
Program: UG Semester-I/III/ (CBCS)/Sem-V	
Admission Fee	Rs.
Late Fee	Rs.
Total	Rs.
In Words: (Rupees _____)	
_____ Sig. and seal of convener Admission Committee (To be filled by the Bank)	
J&K Bank Name :	Branch:
Deposit Date:	
Branch Stamp	Authorized Signatory

 <b>Students's Copy</b> 	
<b>Jammu and Kashmir Bank Ltd</b> Govt. General Zorawar Singh Memorial Degree College, Reasi (To be filled in by the candidate)	
Date	
A/C No. : 0029040500014905	
Name:	
Parentage:	
DOB:	
Program: UG Semester-I/III/ (CBCS)/Sem-V	
Admission Fee	Rs.
Late Fee	Rs.
Total	Rs.
In Words: (Rupees _____)	
_____ Sig. and seal of convener Admission Committee (To be filled by the Bank)	
J&K Bank Name :	Branch:
Deposit Date:	
Branch Stamp	Authorized Signatory