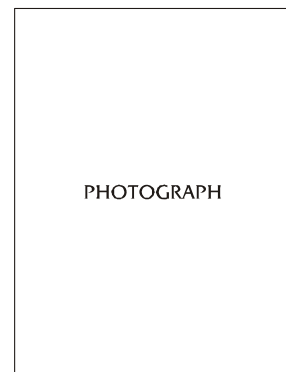


# Application<sub>for</sub> Admission

ARTS / VISUAL ARTS 2007-08



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Issued to \_\_\_\_\_

Class \_\_\_\_\_

Semester \_\_\_\_\_





# Application<sub>for</sub> Admission<sub>2007-08</sub>

**To be filled in by the Applicant**

**Please apply only when you agree to abide by the terms and conditions as mentioned in the ICG prospectus.**

## BOX FOR OFFICE USE ONLY

Registration No. : 2007/	Dated
Enrolment No. : ICG/	Dated
Academic Record (Last Qualifying Exam.)	Enrolment No. - University
Class	
Faculty	Class Allotted :
Percentage	Semester <input type="checkbox"/> I
Division	<input type="checkbox"/> II

### HEALTH PROFILE

- Blood Group : \_\_\_\_\_
- Height : \_\_\_\_\_
- Weight : \_\_\_\_\_
- Identifying Mark : \_\_\_\_\_

### Personal Data

1. Name \_\_\_\_\_

Permanent Mailing Address : House No.: \_\_\_\_\_ Street : \_\_\_\_\_

Area/Colony : \_\_\_\_\_ City : \_\_\_\_\_ District : \_\_\_\_\_ State : \_\_\_\_\_ PIN \_\_\_\_\_

2. Phones (with area code): Residence \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Mobile No. \_\_\_\_\_

3. Birth Date : Date    Month   Year     4. Place of Birth \_\_\_\_\_

5. In what Country/ies were you educated ? \_\_\_\_\_

6. Nationality \_\_\_\_\_ 7. Whether Non-resident Indian ? \_\_\_\_\_

8. Local Residential Address House No.: \_\_\_\_\_ Street : \_\_\_\_\_

Area/Colony: \_\_\_\_\_ City : \_\_\_\_\_ PIN : \_\_\_\_\_

Phones: Residence \_\_\_\_\_ Mobile No. \_\_\_\_\_

9. Category - SC/ST/OBC/Minority/General \_\_\_\_\_

10. Religion \_\_\_\_\_ 11. Mother Tongue \_\_\_\_\_

12. Father's Name \_\_\_\_\_

Profession \_\_\_\_\_ Designation (if in service) \_\_\_\_\_

Nature of Business \_\_\_\_\_ Citizenship \_\_\_\_\_

Office Address Name of the Organization / Deptt. \_\_\_\_\_ Number : \_\_\_\_\_ Street : \_\_\_\_\_

Area/Colony : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ PIN \_\_\_\_\_

Total Annual Income before taxes \_\_\_\_\_

Professional / Educational qualifications \_\_\_\_\_

Phone (with area code): Res. \_\_\_\_\_ Office \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Mobile No. \_\_\_\_\_

For outstation students only

13. Mother's Name \_\_\_\_\_  
 Profession \_\_\_\_\_ Designation (if in service) \_\_\_\_\_  
 Nature of Business \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Office Address Name of the Organization / Deptt. \_\_\_\_\_ Number : \_\_\_\_\_ Street : \_\_\_\_\_  
 Area/Colony : \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ PIN \_\_\_\_\_  
 Total Annual Income before taxes \_\_\_\_\_  
 Professional / Educational qualifications \_\_\_\_\_  
 Phones (with area code): Residence \_\_\_\_\_ Office \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Mobile No. \_\_\_\_\_

14. Local Guardian's name and relationship (Local Guardian, if other than parents) \_\_\_\_\_  
 (to be contacted in case of an emergency)

15. Address of Local Guardian House No. \_\_\_\_\_ Street : \_\_\_\_\_  
 Area/Colony \_\_\_\_\_ City : \_\_\_\_\_ State : \_\_\_\_\_ PIN \_\_\_\_\_  
 Phones (with area code): Residence \_\_\_\_\_ Office \_\_\_\_\_  
 Fax \_\_\_\_\_ E-mail \_\_\_\_\_ Mobile No. \_\_\_\_\_

16. Language(s) spoken at home \_\_\_\_\_

17. Brother(s) and Sister(s) studying at IIS/ICG/ISIM

(Name) (Age) (Grade) (Name of the Institution)

(Name) (Age) (Grade) (Name of the Institution)

18. Whether availing college conveyance Yes/No

Bus Boarding Point \_\_\_\_\_ Conveyance Code \_\_\_\_\_

19. Whether applied for ICG Hostel : Yes / No \_\_\_\_\_

20. Name and Phone Number of the family doctor \_\_\_\_\_

21. ACADEMIC BACKGROUND

Name of Examination	Name of the Institution and city	Board/University	Year	Medium of instruction	Subjects	%
Secondary						
Senior Secondary						
U.G.						
P.G.						

Any other qualification \_\_\_\_\_

