

22. Subject :

Compulsory Subjects

- | | | |
|---|---------|-----|
| 1 | ARABIC | ARB |
| 2 | PERSIAN | PRN |
| 3 | URDU | URD |
| 4 | HADEES | HAD |

Pls write compulsory subject code opted by student: **ALIM HONS**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Space for Student's Photograph

Space for Student's Signature

Signature of Father / Mother

(for Institution use only)

Seal & Signature of the Institution Head
or Principal

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JHARKHAND ACADEMIC COUNCIL, RANCHI
STUDENT INFORMATION SHEET FOR ALIM PASS FOR EXAMINATION

Si.No.....

(To be filled using black ball point pen only)

Code & Name of Madrasa :	<input type="text"/>
1 Class	<input type="text" value="ALIM PASS"/>
2 Name of the Student :	<input type="text"/>
3 Date of Birth :	<input type="text"/> (Date) <input type="text"/> (Month) <input type="text"/> (Year)
4 Gender :	<input type="text" value="MALE"/> / <input type="text" value="FEMALE"/>
5 Divyang :	<input type="text" value="NONE"/> / <input type="text" value="BLIND"/> / <input type="text" value="DEAF"/> / <input type="text" value="DUMB"/> / <input type="text" value="SPASTIC"/> / <input type="text" value="ORTHOPEDIC"/>
6 Caste :	<input type="text" value="GENERAL"/> / <input type="text" value="SC"/> / <input type="text" value="ST"/> / <input type="text" value="BC-1"/> / <input type="text" value="BC-2"/>
7 Religion :	<input type="text" value="HINDUISM"/> / <input type="text" value="ISLAM"/> / <input type="text" value="SIKHISM"/> / <input type="text" value="CHRISTIANITY"/> / <input type="text" value="OTHERS"/>
8 Nationality :	<input type="text" value="INDIAN"/> / <input type="text" value="OTHERS"/>
9 Student Aadhar Number :	<input type="text"/>
10 Area :	<input type="text" value="RURAL"/> / <input type="text" value="URBAN"/>
11 Mother's Name :	<input type="text"/>
12 Father's Name :	<input type="text"/>
13 Communication Address:	<input type="text"/>
14 State :	<input type="text"/>
15 PIN No :	<input type="text"/>
16 Contact (Mobile) No. :	<input type="text"/>
17 E-mail ID :	<input type="text"/>
18 Previous Examination Passing Details :	
a) Name of Board/Council :	<input type="text" value="JAC"/> / <input type="text" value="OTHERS"/> (_____)
b) Year of Passing :	<input type="text"/>
c) Roll Code :	<input type="text"/>
d) Roll Number :	<input type="text"/>
e) Registration Number :	<input type="text"/>
19 Class Roll Number :	<input type="text"/>
20 Medium of Examination:	<input type="text" value="HINDI"/> / <input type="text" value="ENGLISH"/> / <input type="text" value="URDU"/>
21 Category :	<input type="text" value="REGULAR"/> / <input type="text" value="PRIVATE"/>

22. Subject :

Compulsory Subjects

- | | |
|---------------------|-----|
| 1 DINYAT | DIN |
| 2 ARABIC | ARB |
| 3 HINDI COMPOSITION | HCO |
| 4 URDU COMPOSITION | HCO |
| 5 ENGLISH | ENG |

Additional Subject Code: (Pls see ANX-1)

GROUP-A

1

<input type="text"/>	<input type="text"/>	<input type="text"/>
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GROUP-B

2

<input type="text"/>	<input type="text"/>	<input type="text"/>
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JHARKHAND ACADEMIC COUNCIL, RANCHI
STUDENT INFORMATION SHEET FOR ALIM PASS FOR REGISTRATION

Si.No.....

(To be filled using black ball point pen only)

Code & Name of Madrasa :	<input type="text"/>
1 Class	<input type="text" value="ALIM PASS"/>
2 Name of the Student :	<input type="text"/>
3 Date of Birth :	<input type="text"/> (Date) <input type="text"/> (Month) <input type="text"/> (Year)
4 Gender :	<input type="text" value="MALE"/> / <input type="text" value="FEMALE"/>
5 Divyang :	<input type="text" value="NONE"/> / <input type="text" value="BLIND"/> / <input type="text" value="DEAF"/> / <input type="text" value="DUMB"/> / <input type="text" value="SPASTIC"/> / <input type="text" value="ORTHOPEDIC"/>
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8 Nationality :	<input type="text" value="INDIAN"/> / <input type="text" value="OTHERS"/>
9 Student Aadhar Number :	<input type="text"/>
10 Area :	<input type="text" value="RURAL"/> / <input type="text" value="URBAN"/>
11 Mother's Name :	<input type="text"/>
12 Father's Name :	<input type="text"/>
13 Communication Address:	<input type="text"/>
14 State :	<input type="text"/>
15 PIN No :	<input type="text"/>
16 Contact (Mobile) No. :	<input type="text"/>
17 E-mail ID :	<input type="text"/>
18 Previous Examination Passing Details :	
a) Name of Board/Council :	<input type="text" value="JAC"/> / <input type="text" value="OTHERS"/> (_____)
b) Year of Passing :	<input type="text"/>
c) Roll Code :	<input type="text"/>
d) Roll Number :	<input type="text"/>
e) Registration Number :	<input type="text"/>
19 Class Roll Number :	<input type="text"/>
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