

JHARKHAND ACADEMIC COUNCIL, RANCHI

Sl.No.....

STUDENT INFORMATION SHEET FOR ALIM HONS EXAMINATION 20.....

(To be filled using black ball point pen only)

Code & Name of Madrasa :

1 Class

2 Name of the Student :

3 Date of Birth : (Date) (Month) (Year)

4 Gender : /

5 Divyang : / / / / /

6 Caste : / / / /

7 Religion : / / / /

8 Nationality : /

9 Student Aadhar Number :

10 Area : /

11 Mother's Name :

12 Father's Name :

13 Communication Address:

14 State :

15 PIN No :

16 Contact (Mobile) No. :

17 E-mail ID :

18 Previous Examination Passing Details :

a) Name of Board/Council : / (_____)

b) Year of Passing :

c) Roll Code :

d) Roll Number :

e) Registration Number :

19 Class Roll Number :

20 Medium of Examination: / /

21 Category : /

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

JHARKHAND ACADEMIC COUNCIL, RANCHI

Si.No.....

STUDENT INFORMATION SHEET FOR ALIM HONS REGISTRATION 20.....**(To be filled using black ball point pen only)**

Code & Name of Madrasa :	<input type="text"/>
1 Class	<input type="text" value="ALIM HONS"/>
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 ARABIC | ARB |
| 2 PERSIAN | PRN |
| 3 URDU | URD |
| 4 HADEES | HAD |

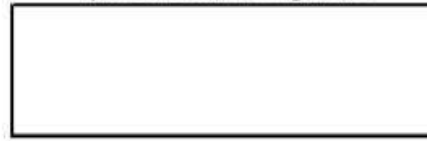
Pls write compulsory subject code opted by student: **ALIM HONS**

<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

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Seal & Signature of the Institution Head
or Principal

JHARKHAND ACADEMIC COUNCIL, RANCHI Si.No.....
STUDENT INFORMATION SHEET FOR ALIM PASS FOR EXAMINATION 20.....

(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

GROUP-B

2

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

Si.No.....
 20.....

(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

GROUP-B

2

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JHARKHAND ACADEMIC COUNCIL, RANCHI

Si.No.....

STUDENT INFORMATION SHEET FOR FAZIL EXAMINATION 20.....

(To be filled using black ball point pen only)

Code & Name of Madrasa :

1 Class

2 Name of the Student :

3 Date of Birth : (Date) (Month) (Year)

4 Gender : /

5 Divyang : / / / / /

6 Caste : / / / /

7 Religion : / / / /

8 Nationality : /

9 Student Aadhar Number :

10 Area : /

11 Mother's Name :

12 Father's Name :

13 Communication Address:

14 State :

15 PIN No :

16 Contact (Mobile) No. :

17 E-mail ID :

18 Previous Examination Passing Details :

a) Name of Board/Council : / (_____)

b) Year of Passing :

c) Roll Code :

d) Roll Number :

e) Registration Number :

19 Class Roll Number :

20 Medium of Examination: / /

21 Category : /

22. Subject :

Compulsory Subjects

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

Pls write compulsory subject code opted
by student: FAZIL

<input type="text"/>	<input type="text"/>	<input type="text"/>
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JHARKHAND ACADEMIC COUNCIL, RANCHI

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STUDENT INFORMATION SHEET FOR FAZIL REGISTRATION 20.....**(To be filled using black ball point pen only)**

Code & Name of Madrasa :	<input type="text"/>
1 Class :	<input type="text" value="FAZIL"/>
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"/>
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9 Student Aadhar Number :	<input type="text"/>
10 Area :	<input type="text" value="RURAL"/> / <input type="text" value="URBAN"/>
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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 | ARABIC | ARB |
| 2 | PERSIAN | PRN |
| 3 | URDU | URD |
| 4 | HADEES | HAD |

Pls write compulsory subject code opted by student: FAZIL

<input type="text"/>	<input type="text"/>	<input type="text"/>
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