



Form No :

# SACHIN DEBBARMAN MEMORIAL GOVERNMENT MUSIC COLLEGE

Rs.=10

Lichubagan, Agartala- 799 006, West Tripura.

Ph : (0381) 241 1011, e-mail : sdmgovtmusiccollege@gmail.com

Marks obtained in Madhyamik
Marks obtained in Admission test
Total

**THREE YEARS DIPLOMA COURSE**  
**Session**

Photograph of the Candidate (1) one Pasted

## ADMISSION FORM

(SC / ST / OBC / HPD / General)

Enclosure :- (Attested one copy each)

- (1) Madhyamik Admit Card.
- (2) Mdhyamik Marksheet
- (3) Registration Cetificate
- (4) Migration Certificate (if Any)
- (5) PRC / Aadhar
- (6) Caste Certificate (for ST/SC/OBC/HPD/General.
- (7) Document of Vocal/Rabindra Sangit/Tabla/Sitar/Sarod/Bharatnatyam/Katthak/Manipuri/ Kuchipudi Dance. if any.
- (8) Three Copies of Attested Stamp size photo.

- (1) Admission sought for : \_\_\_\_\_
- (2) Course preferred : \_\_\_\_\_
- (3) Name (in Block Letters) : \_\_\_\_\_
- (4) Date of Birth : \_\_\_\_\_
- (5) Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_ ST/SC/OBC/HPD/General
- (6) Occupation : \_\_\_\_\_
- (7) Married/Unmarried \_\_\_\_\_
- (8) Annual income of Father / Guardian (if Father is not alive) : \_\_\_\_\_
- (9) Name of Father : \_\_\_\_\_
- (10) Name of Mother : \_\_\_\_\_
- (11) Name of Guardian : \_\_\_\_\_ Relationship \_\_\_\_\_
- (12) Present Address (Postal) : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

- (13) Permanent Address (Postal) : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

- (13) Father's / Guardian's (If Father is not alive) Occupation and Address :-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(15) Particulars of examinations passed :-

Examination	year	School	Board/University	Board/Total Marks/Division

(16) Signature of Father/Guardian :

### Declaration

I solemnly promise that (i) the statements above are true. (ii) I have not concealed any fact. (iii) I shall abide by the rules and orders of the college. (iv) I shall not do any thing that impair the discipline and prestige of the college or its connected institutions. (v) And I am prepared to join the N.C.C/N.S.S unit.

Signature of Candidate

Date \_\_\_\_\_ name of the applicant \_\_\_\_\_

Session :

Roll No.

Form verified by : \_\_\_\_\_

Date :

**Member**  
Admission Committee

**Member :**  
Admission committee

**Convener :**  
Admission Committee

### FOR OFFICE USE

Signature of Dealing Asstt.

Combinations : \_\_\_\_\_

Add. Language : \_\_\_\_\_

Principal's Order

Admission Granted Provisionally/Refused

Cshier

Principal.

**SACHIN DEBBARMAN MEMORIAL GOVERNMENT MUSIC COLLEGE**

Lichubagan , Agartala-799006 , West Tripura

Ph: (0381) 241-1011

**BIO-DATA FOR STUDENTS**

**Session- 2018-19**

Degree & Diploma:- Part-I, Part-II & Part-III

Stamp  
size  
photo

1. Name of the student:-

(In block letter)

2. Father's Name:-

Occupation:-

3. Mothers Name:-

4. Name of Local Guardian:-

5. Caste: *ST/SC/OBC/UR*

6. Parmanent Address—

7. Present Address—

8. Distance from home to college:      K.m

9. Students Mobile No-

10. Guardian's Mobile No-

11. Aadhaar No-

12. Income Certificate ( **Only acceptable from DM/SDM/SDO** ) -

**13. Subject offered in the:-**

**A. i) B.Mus(Hons.):** Classical Vocal / Rabindra Sangeet / Instrument(Sitar/Sarod) / Tabla

Dance: Bharat Natyam / Kathak / Manipuri

ii) Elective Subject / Core Course: \*Classical Vocal & Instrument \* Tabla \* Rabindra Sangeet

\* Instruments \* Music of Bengal

**B. Diploma :** Classical Vocal / Rabindra Sangeet / Instrument(Sitar/Sarod) / Tabla

Dance: Bharat Natyam / Kathak / Manipuri / Kuchipudi

14. University Registration no( if any)-

15.Name of Bank & Branch-

16. Bank Account no-

17.IFSC no-

Signature of the Student

Signature of the Guardian

DATE-