

COLLEGE OF ENGINEERING & MANAGEMENT, KOLAGHAT



APPLICATION FOR DECENTRALISED COUNSELLING

Your preferred Stream in order : (1)____(2)____(3)____(4)____(5)____(6)_____

(AEIE/CSE/ECE/EE/IT/ME)

Personal Details

1. Name of Applicant.....
2. Father's Name.....
3. Mother's Name
4. Guardian's Name (if parents are not alive)
5. Address for Communication
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6. Date of Birth
7. Sex
8. Marital Status
9. Category
10. Occupation of Father/Guardian.....
11. WBJEE-2017/JEE(Main)-2017 Roll Number.....
12. Rank of WBJEE-2017/JEE(Main)-2017.....
13. **Contact No. of** : Applicant..... Parent/Guardian

Academic Records

Examination	Board/Council	Year of Passing	Total Marks Obtained				
			Biology	Physics	Chemistry	Mathematics	English
Class 10 th					No		
Class 12 th							

(Signature of Parent/Guardian)

(Signature of Applicant)

Date :

Date :