

**HOOGLY WOMENS COLLEGE
NOTICE**

All the students of Semester I ,Semester III and Semester V are hereby notified to submit the ‘Student Format for Banglar Uchhasiksha Portal’ attached bellow (duly filed – in all the columns) to the Head of the Department /departmental Teacher for Honours students and to the office for general students within 05.11.2022 positively.

Sd/- Dr. Sima Banerjee
Principal
Hooghly Women’s College

STUDENT FORMAT FOR BANGLAR UCHCHASHIKSHA PORTAL

BASIC DETAILS

PRESENT SEMESTER:

UNIVERSITY ROLL NO :

UNIVERSITY REGISTRATION NO :

Do you have Banglar Shiksha Student ID*(tick mark) : YES / NO

If yes then Banglar Shiksha Student ID*

Name*

Date of Birth*

Gender*(tick mark) : MALE, FEMALE, OTHER

Social Category*(tick mark) : OBC-A / OBC-B / SC / ST / UNRESERVED

Religion*

Whether BPL*(tick mark) : YES / NO

Blood Group

Nationality*

Aadhaar No*

Mobile No*

Email ID*

Whether Student is Disable*(tick mark) : YES / NO

If yes then Disability Type*(tick mark):

- | | |
|---|---|
| 1. ACID ATTACK VICTIM, | 12. AUTISM SPECTRUM DISORDER, |
| 2. BLINDNESS, | 13. CEREBRAL PALSY, |
| 3. CHRONIC NEUROLOGICAL CONDITION, | 14. DWARFISM, |
| 4. HEARING IMPAIRMENT (DEAF AND HARD OF HEARING), | 15. HEMOPHILIA, |
| 5. INTELLECTUAL DISABILITY, | 16. LEPROSY CURED PERSONS, |
| 6. LOCOMOTOR DISABILITY, | 17. LOW-VISION, |
| 7. MENTAL ILLNESS, | 18. MULTIPLE DISABILITIES INCLUDING DEAF BLINDNESS, |
| 8. MULTIPLE SCLEROSIS, | 19. MUSCULAR DYSTROPHY, |
| 9. PARKINSONS DISEASE, | 20. SICKLE CELL DISEASE, |
| 10. SPECIFIC LEARNING DISABILITIES, | 21. SPEECH AND LANGUAGE DISABILITY, |
| 11. THALASSEMIA. | |

ADDRESS DETAILS

PRESENT ADDRESS

Address Line*

Country*

State*

District*

Post Office*

Police Station*

Pin*

PERMANENT ADDRESS

Address Line*

Country*

State*

District*

Post Office*

Police Station*

Pin*

FAMILY DETAILS

Father's Name*

Father's Mobile No

Father's Profession

Father's Educational Qualification

Mother's Name*

Mother's Mobile No

Mother's Profession

Mother's Educational Qualification

Gurdian's Name*

Relationship With Gurdian*

Gurdian's Mobile No*

Gurdian's Email ID*

Student Annual Family Income *

PRESENT COURSE OF STUDY DETAILS

Program Level*(tick mark) : POST DOCTORAL / PHD / MPHIL / CERTIFICATE / DIPLOMA / UG / PG / OTHERS

Program Category*(tick mark) : BA / BCOM / BSC (HONOURS / GENERAL), MA / MSC / MCOM (_____)

Medium Of Instruction

*(tick mark) : ENGLISH / HINDI / BENGALI / SANTALI

Admitted In Category

*(tick mark) : UNRESERVED / SC / ST / OBC-A / OBC-B

Admission Academic Session*

Pursuing Semester*

SVMCM

Whether applied for SVMCMS for the present course*(tick mark) : YES / NO

If yes then

1. Applied Academic Year*

2. SVMCM ID*

4. Date of application

3. SVMCM Application Type : *(tick mark) : FRESH / RENEWAL

5. Date of recommending the application

6. Whether scholarship has been approved : *(tick mark) : YES / NO / IN PROCESS

K2

Whether applied for K2 for the present course*(tick mark) : YES / NO

If yes then

1. Applied Academic Year*

2. K2 ID*

4. Date of application

3. K2 Application Type : *(tick mark) : FRESH / RENEWAL

5. Date of recommending the application

6. Whether scholarship has been approved : *(tick mark) : YES / NO / IN PROCESS

K3

Whether applied for K3 for the present course*(tick mark) : YES / NO

If yes then

1. Applied Academic Year*

2. K3 ID*

4. Date of application

3. K3 Application Type : *(tick mark) : FRESH / RENEWAL

5. Date of recommending the application

6. Whether scholarship has been approved : *(tick mark) : YES / NO / IN PROCESS

AIKYASREE

Whether applied for aikyasree for the present course*(tick mark) : YES / NO

If yes then

1. Applied Academic Year*

2. Aikyasree ID*

4. Date of application

3. Aikyasree Application Type : *(tick mark) : FRESH / RENEWAL

5. Date of recommending the application

6. Whether scholarship has been approved : *(tick mark) : YES / NO / IN PROCESS

OASIS

Whether applied for Oasis for the present course*(tick mark) : YES / NO

If yes then

1. Applied Academic Year*

2. Oasis ID*

4. Date of application

3. Oasis Application Type : *(tick mark) : FRESH / RENEWAL

5. Date of recommending the application

6. Whether scholarship has been approved : *(tick mark) : YES / NO / IN PROCESS

OTHER SCHOLARSHIP

Whether applied for Other Scholarship for the present course*(tick mark) : YES / NO

If yes then

1. Name of the Scholarship*

2. Applied Academic Year*

3. Other Scholarship ID*

4. Other Scholarship Application Type: *(tick mark) : FRESH / RENEWAL

5. Date of application

6. Date of recommending the application

7. Whether scholarship has been approved : *(tick mark) : YES / NO / IN PROCESS

STUDENT CREDIT CARD

Whether applied for West Bengal Student Credit Card ID for the present course*(tick mark) : YES / NO

If yes then

1. Student Credit Card ID*

SIGNATURE

DATE: