

केन्द्रीय हिमालयीय संस्कृति शिक्षण संस्थानम्, दाहुँग





CENTRAL INSITITUTE OF HIMALAYAN CULTURE STUDIES (CIHCS), DAHUNG (An Autonomous Body of the Ministry of Culture, Govt. of India) WEST KAMENG DISTRICT, ARUNACHAL PRADESH-790116

<u>A</u>	PPLICA [*]	TION	<u>FORM</u>	FOR A	ADM	<u>ISSION</u>	TO				(EQUI\	/ALEN	<u>T TO .</u>) CO	<u>URSE</u>
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Form No:							·	o be	ticked)		Paste self a passp photo	ed ze				
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INS (i)		ations	which	are n	ot in			ormat, no	ot coi	rectly	/ filled	up or i	n resp	ect of	which	the re	equirec
(ii)	The Institute reserves the right to cancel the admission of an application at any stage, if it is detected that the admission is against rule or have been secured through fraudulent means.																
(iii)	Original certificates must be produced at the time of admission only and should not be enclosed with the application. Duly attested copies of the certificates and 6 (six) numbers of recent passport sixe photographs should be enclosed along with the application.																
(iv)		sion (Commi	ttee w	/ith (i) transf	_	ake the rtificate					•				
1.	Name (In blo	ck lett	ters as	enter	ed in		****	****			******		*****			*****	
2.	Dirth d	otoile									•	•				•	•
۷.	. Birth details: (a) Date of birth:							D	D	M	M	Y	Y	Y	Y		
		(b)	Place	of bir	th:	Vill:											
						P. O.:											
						P. S.:											
						Distric	t:					<u> </u>		<u> </u>		<u> </u>	
		(c)	Mothe	er tong	jue:						<u>1 </u>					<u> </u>	<u>1 </u>
		(d)	Lang	uage ((s) kn	iown:		Bhoti /	/ Ena	lish /	Hindi:	(Ti	ck ✓ v	· vhiche	ever is	appli	cable)
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						Bhoti:		Read	W	'rite	Spea	ık					

3.	Father's Name:												
4.	Mother's Name:												
5.	Present Address:												
J.		Town/Vill:											
		P. O.:											
		P. S.:											
		District:											
		State:											
		PIN:					<u> </u>						
		*Aadhar No	o.:								<u> </u>		
		*SBI A/C N	lo ·								<u> </u>	<u></u>	
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	Mobile No.:												
		APST/OBO					end ma	ınagen	nent o	nly)			
6.	6. Name of Guardian and relationship: (If different from SI. No.3 & 4 above)												
7.	Permanent address (if dif	fferent from \Town/		lo. 5)				1	Π			<u> </u>	
		P. O.:	v III.			<u> </u>			<u> </u>				
		P. U				<u> </u>							I
		P. S.:											
		Distric	t:										
		State:											
		PIN:											
8.	Religion:												
9.	Category of Tribe:												
10.	Occupation of father/ Gua	ardian:											
11. Annual income of father/Guardian:(In Rs.)													

12.	Nationality:												
13.	State of domicile:												
14.	Academic particulars in respect of last exar (a) Name and addres of the	amination:											
	school/college last attended:												
	(h) Nama of the Board / Injury reity to												
	(b) Name of the Board/University to which the school/college is affiliated:												
	(a) Vacr of pageing:					1							
	(c) Year of passing:]							
	Subject studied		Grade /Total Marks				Grade/ percentage of marks secured						
							percen	lage (л шап	NS SEC	uieu		
15.	Achievement in extracurricular activities (if	f any):										
(i)													
(ii)													
(iii)													
16.	Details of enclosures to be attached along v	with t	he app	olicatio	on (Ma	andat	ory):						
	Attested copy of the mark sheet of last exam	mina	tion pa	issed.									
(c)	b) Attested copy of birth certificate.c) Self attested passport size photograph to be duly affixed in the space indicated.												
(d)	(d) 6 (six) numbers of passport size photograph.												

(e) Attested copy of SC/ST/OBC/Other certificate if applicable.

(f) One self addressed stamped envelope for dispatch of Admit Card.

DECLARATION

(a) By the candidate:

I do hereby state that I have filled this form myself and to the best of my knowledge and belief the particulars given her above are true and correct. I also undertake, if I qualify for admission, to abide by all the conditions, rules & regulations of the Institute in force at present and also those which may hereafter be introduced for the administration of the CIHCS. I will do nothing unworthy being a student either inside or outside the institution or anything that interfere with the discipline. I am aware that the competent authority of the institute has the full authority to expel me for my disinterest in studies, misbehavior and continuous failure in examination. I also undertake that shall not fail to pay all the fees and other dues to the institution in time.

Place:	Signature of Applicant
Date:	
Signature of the parent/Guardian:	
(b) By the parent/ guardian :	
•	esaid applicant is my son/daughter/ward. I also undertake that I shall be ities of CIHCS, Dahung in disciplinary matters in regards to my
Place:	Signature of Parent/Guardian
Date:	
