



Sl. No:

NAOREM BIRAHARI COLLEGE, KHUNDRAKPAM
COMMON APPLICATION FORM

****NOTE:** Student have to submit this application form to the concern faculty member for VAC and concern department office for GEC duly sign by their parent department Head.

APPLICATION FOR VAC OR GEC?

Choose only one and put (✓)

VAC ☐

GEC ☐

STUDENT INFORMATION

NAME	:
DEPARTMENT	:
SEMESTER	:
ENROLMENT NO.	:
UNIVERSITY ROLL NO. (From 2 nd Sem onwards)	:
MOBILE NUMBER (WhasApp)	:
ALTERNATE MOBILE NUMBER	:
EMAIL ADDRESS	:

(USED THIS AREA USE ONLY FOR VAC)

(Choose only one and put (✓))

<input type="checkbox"/> 1 st Semester	<input type="checkbox"/> VAC-1	PAPER CODE	
		PAPER TITLE	
	<input type="checkbox"/> VAC-2	PAPER CODE	
		PAPER TITLE	
<input type="checkbox"/> 2 nd Semester	<input type="checkbox"/> VCA-3	PAPER CODE	
		PAPER TITLE	
	<input type="checkbox"/> VAC-4	PAPER CODE	
		PAPER TITLE	
<input type="checkbox"/> 3 rd Semester	<input type="checkbox"/> VAC-5	PAPER CODE	
		PAPER TITLE	
<input type="checkbox"/> 4 th Semester	<input type="checkbox"/> VAC-6	PAPER CODE	
		PAPER TITLE	
<input type="checkbox"/> 5 th Semester	<input type="checkbox"/> VAC-7	PAPER CODE	
		PAPER TITLE	
<input type="checkbox"/> 6 th Semester	<input type="checkbox"/> VAC-8	PAPER CODE	
		PAPER TITLE	

(USED THIS AREA USE ONLY FOR GEC)

(Choose only one and put (✓))

<input type="checkbox"/> GEC-1	<input type="checkbox"/> GEC-2	<input type="checkbox"/> GEC-3
<input type="checkbox"/> GEC-4	<input type="checkbox"/> GEC-5	<input type="checkbox"/> GEC-6
PAPER CODE:		
PAPER TITLE:		
GEC OFFERING DEPARTMENT:		

Date:

Student Signature

Head Signature with seal



(SUBMIT TO THE PARENT DEPARTMENT)

To
Head, (Student parent Department)

Your student (name) Enrolment/Roll no. Semester have taken VAC/GEC (✓)
 (Paper code and title) in our department/course.

Date:

Head / subject in-charge (for VAC) signature with seal