OFFICE OF THE CONTROLLER OF EXAMINATIONS

BISHOP HEBER COLLEGE (Autonomous)

BIO – DATA

Passport Size Photo

Academic Year : ..... **UG / PG** **(✓)**

Department: .....

Class : ..... **Sec. :** ..... **Aided / SF (✓)**

Register Number:

1. Name in Block Letters : (As in 10th Marks Sheet)
(Initial at the end, leaving a blank space between names and initials)

2. Father's Name :

3. Date of Birth : (As in 10th Marks Sheet)

Date		Month		Year			

4. Gender : (✓) **Male / Female** **5. Community:** **SC** | **ST** | **MBC** | **DNC** | **BC** | **OC** **(✓)**

6. Nationality :

7. Religion :

8. Physically Handicapped? : **Yes** | **No** **(✓)**

If Yes, Specify **:** .....

Address for Communication:

.....
.....
.....
.....
.....

Pin Code: ..... **Phone / Mobile Number :** .....

Date: **Signature of the Student**

Note:

1. I PG Students must submit the **xerox copies** of **UG Consolidated Marks Statement** (or) **Provisional Certificate & 10th or +2 Mark Sheet.**
2. I UG Students Must Submit the **Xerox copy** of **10th or +2 Mark Sheet .**

(Furnish correct information to avoid errors in your Mark Sheets.)