

Optimus College of Higher Studies

Campus: 300, Jiwaji Nagar, Thatipur, Gwalior (M.P.)

Website: www.optimuscollege.com,

Email ID: contact@optimuscollege.com

Ph.:0751-4095221, 9752523121, 9753532444



OPTIMUS COLLEGE
Of Higher Studies

REGISTRATION FORM

Programme Name: _____ Session: 202__ - 202__

Note: All entries must be filled by the candidate himself/herself in CAPITAL letters only.

PERSONAL DETAIL

Student's Name _____

Father's Name _____

Mother's Name _____

Father Occupation _____

Mother Occupation _____

Religion _____

Nationality _____

Adhaar No.

Email ID: _____

Address _____

City: _____

State: _____

Date of Birth

Sex Male Female

Caste ST SC OBC General

Samagra ID: _____

Mobile No: _____

Pin:

Affix your
recent size
passport
PHOTOGRAPH

Signature

ACADEMIC DETAILS

Sr.No.	Examination	Subjects	School/ College	Board/ University	Passing Year	Marks Obtained	Total Marks	Percentage (%)
1.	10 (HSC)							
2.	12 (HSSC)							
3.	Graduation							
4.	Post Graduation							
5.	Other							

DECLARATION

I _____ hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidate is liable to be cancelled by the Optimus College of Higher Studies if any information given by me is found incorrect or misleading.

Date

Signature

DOCUMENT REQUIRED

Please attach the following essential documents with the form:

Sr.No.	Documents Details	Status (Yes/No)
1.	Cash / UPI Payment of Rs. 1000 payable at 'Optimus College of Higher Studies', Gwalior	
2.	4 Color Passport size photographs	
3.	A copy of 10th or Equivalent Examination	
4.	A copy of 12th or Equivalent Examination	
5.	A copy of UG / PG or Equivalent Examination (if applicable)	
6.	A original copy of Transfer Certificate	
7.	A original copy of Migration Certificate	
8.	A copy of ADHAAR CARD	
9.	A copy of SAMAGRA ID	
10.	A copy of Caste Certificate	
11.	A copy of valid Income Certificate	
12.	A copy of MP Domicile	
13.	A copy of Bank Account Passbook	

FEES COMMITMENT

Student's Name _____ Course _____

Son / Daughter of _____ Mobile No. _____

Tuition Fees Details

Year	First Installment	Second Installment	Third Installment	Fourth Installment	Total Fees
First					
Second					
Third					
Date of Installment					

Other Fees Details

	Total Fees
Library Fees	
Practical & Internal Examination Fees	
Sports & Activity Fees	
Miscellaneous Fees	

For Office Use Only

Admission Fees _____ Admission Date _____

(Non Refundable)

Total Fees _____

(in Words)

Remark _____

Signature of Admission Incharge

Parent's Signature

Student's Signature