

MIDNAPORE COLLEGE(AUTONOMOUS)
NOTICE

DATE : 26Th July,2017.

This is for information of all existing students, ex-students and also candidates of the locality of Midnapore Municipality that the Application Forms and admission into Six Month Diploma Course in **Travel and Tourism Management with Travel Photography** for the Session 2017-2018 will be available up to 12.08.2017.

Intending applicants who are within 35 years may take admission directly in the above programme by submitting the required documents with requisite course fee.

For other details, please contact the College Office on working days.

Copy to :-

- 1.Principal's Notice Book
- 2.Morning-in-Charge
- 3.Head Clerk (Morning & Day Section)
- 4.Dr.Biswarup Sarkar
- 5.Students' Notice Book
- 6.All Departments
- 7.College Website



Chere 26/7/17
Principal,
Midnapore College (Autonomous),
Midnapore.
Principal
MIDNAPORE COLLEGE
(AUTONOMOUS)
MIDNAPORE

Chere

MIDNAPORE COLLEGE (AUTONOMOUS)



(Estd. - 1873)

Govt. Sponsored - Affiliated to Vidyasagar University

Re-Accredited by NAAC in 2012

Grade - A - CGPA 3.58(4 point scale)

COLLEGE WITH POTENTIAL FOR EXCELLENCE

Midnapore - 721 101 - West Bengal - India

Website : www.midnaporecollege.ac.in

E-mail : mcm.principal@gmail.com

Phone/Fax : (03222) 275847

ADMISSION FORM ON

DIPLOMA ON TRAVEL AND TOURISM WITH TRAVEL PHOTOGRAPHY

1. Candidate's Name :
(in Block Letters)
2. Category of Student : Current Student/ Ex-Students/ Local
(Attached document)
3. Father's Name :
4. Mother's Name :
5. Date of Birth :
6. Address :
 - a. Present Address :
 - b. Permanent Address:
7. Contact No. :
8. E-mail Id :
9. Sex : Male/ Female/ Other
10. Cast : General/ OBC-A/ OBC-B/ SC/ ST/ PWD
(Attach document)
11. Nationality :

12. Educational Qualification:

Sl. No.	Name of the Exam	Board/ Univ.	Passing Year	% of Marks

13. Any other Qualification/ Qualification in the Field :
14. Experience if any :

I hereby declare that the statements made above are correct and complete to the best of my knowledge and belief.

Date :

Place :

Signature of the Candidate

FOR OFFICE USE ONLY

1. Name of the Candidate :
2. Received by :

Date:

Signature of the Authority