



Naga United Village, Chumoukedima, Nagaland.
email: *c.edge.admissions@gmail.com*, website: *www.cedgecollege.org*

Affix
passport
size photo

**APPLICATION FOR 2026-27 ADMISSION to
Bachelor Degree Program (Please tick)**

<input type="checkbox"/>	B.A (Bachelor of Arts)
<input type="checkbox"/>	B.B.A (Bachelor of Business Administration)

First Name

Surname

1. Name (in Block):	<input type="text"/>	<input type="text"/>
2. (a) Father's Name:	<input type="text"/>	<input type="text"/>
Father's Occupation:	<input type="text"/>	<input type="text"/>
(b) Mother's Name:	<input type="text"/>	<input type="text"/>
Mother's Occupation:	<input type="text"/>	<input type="text"/>

3. (a) Permanent Address:

(b) Correspondence Address:

Mobile No.

Landline No. (including STD Code).

email address: _____

4. Date of Birth as per HSLC: dd/mm/yyyy

5. Sex: M F

6. Tribe/Community:

6. (a) BA (Major & Minor)

(b) BBA (Major & Minor)

Refer Annexure I for Subject Options and tick the selected Options

Refer Annexure II for Subjects to be taken

7. Educational Qualification (enclose attested copy of all documents).

Examination	Name of School/College	Board	Year of passing	% of Marks	Division/Grade	Subjects
HSLC						
Class XII (Arts/Sc/Com)						
Any Other						

8. Whether applying for hostel?(only Girls) Yes No

9. Describe in brief extra-curricular/co-curricular activities/achievements, if any.

(attach certificates if available).

IMPORTANT:

- i. All entries must be in the candidates' own handwriting.
- ii. The form should be complete in every respect.
- iii. Incomplete form is liable to be rejected.
- iv. After admission, if any entries are found to be incorrect, the admission is liable to be revoked without any refund.

Date:
Place:

Signature:
Name of Candidate:

PARENT/GUARDIAN UNDERTAKING.

I hereby declare that I take full responsibility for the payment of dues as laid down under the College Rules of my son/daughter/ward, Mr/Miss. for his/her study at **C-Edge College**, Chumoukedima. Further, I have fully read the information furnished by my son/daughter/ward and affirm that these are true.

Date: _____
Place: _____

Signature of parent/guardian
Name in full

Village P.O

Town District:

State: Mob No:

FOR OFFICE USE:

Certify that the application is in order. The candidate is Eligible Not Eligible

for admission.

Date:

Signature:
Principal