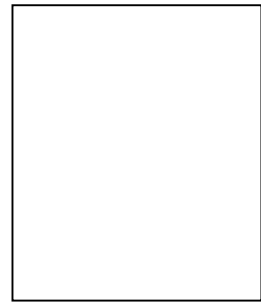




SIUKAPHA COLLEGE OF FINE ARTS
(Affiliated Under Dibrugarh University)
P.O. Simaluguri, Dist. Sivasagar, Assam – 785686
ESTD.: 2025



APPLICATION FORM FOR ADMISSION INTO 1st SEMESTER OF
4-YEAR B.F.A DEGREE COURSE (DIBRUGARH UNIVERSITY)
Session: 2026-2027

1. Full Name of the Applicant (in Block Letters): _____
2. Father's Name: _____
3. Mother's Name: _____
4. Guardian's Name & Relation: _____
5. Permanent Address: Vill/Town _____ P.O. _____ Dist. _____
Pincode _____ P.S. _____
6. Present Address for Communication: _____

7. Mobile No.: _____ Alternate Mobile No.: _____
8. Email ID: _____
9. Name & Address of Local Guardian: _____

10. Local Guardian Mobile No.: _____
11. Date of Birth: _____ Place of Birth: _____
12. Nationality: _____ Religion: _____
13. Community: SC ST GEN OBC
14. Gender: Male Female Other
15. Details of Marks Obtained in the Qualifying Exam:

Name of Exam	Board/ University	Year of Passing	Roll No.	No.	Subjects	Division/ Grade	% / CGPA
H.S/ Equivalent							
Bachelor Degree							

15. Specialization / Honours (Choose according to your Preference from Painting/ Graphics/ Sculpture)

1 st Preference	2 nd Preference	3 rd preference	4 th Preference

The declaration stated above is true to the best of my knowledge and belief. I do hereby agree to abide by all the rules and regulations laid by the institution and disciplinary action may be taken against me in case of my failure to do so.

Signature of Parent/Guardian
Name: _____
Date: _____

Signature of Applicant
Name: _____
Date: _____

FOR OFFICE USE ONLY

Selected / Refused for Admission: _____
Verified By: _____
Date: _____

Signature of Principal
Siukapha College of Fine Arts
Simaluguri, Sivasagar

Sl. No.

Acknowledgement Receipt
SIUKAPHA COLLEGE OF FINE ARTS
Simaluguri, Sivasagar, Assam

Admission into 1st Semester of 4-Year B.F.A. Degree Course for the session 2026-2027.

Received from
On (Date)..... Receipt No/ Roll No (for the Admission
Test).....

Office Seal

Received by (Signature)