JHARKHAND ACADEMIC COUNCIL, RANCHI

STUDENT INFORMATION SHEET FOR INTERMEDIATE EXAMINATION, 2025

(Duly filled in form is to be submitted to the Institution by the Student for Online Data Submission)

Code & Name of Institution :	(For both REGULAR and PRIVATE Candidate only) (To be filled using black ball point pen only)						
2. Registration Session : 2023-2025 3. Registration No.: 4. Name of the Student : 5. Date of Birth : 6. Father's Name : 7. Mother's Name : 7. Mot	Code & Name of Institution :						
3. Registration No.: - - 2 3 *[Read Note No 8] 4. Name of the Student : - - - 2 3 *[Read Note No 8] 4. Name of the Student : - - - 2 3 *[Read Note No 8] 5. Date of Birth : DATE MONTH YEAR 6. Father's Name : - 2 3 *[Read Note No 8] 4. Name of the Student : DATE MONTH YEAR - <	1. Category Choice :	REGULAR / PRIVATE					
4. Name of the Student :	2. Registration Session :	2023 - 2025					
5. Date of Birth : DATE MONTH YEAR 6. Father's Name : Image: Construction of the optional Subject & Additional Subject in order to pass the examination, in case of failure to obtain the requisite pass mark in one of the Optional Subject. YEAR	3. Registration No. :	2 3 *[Read Note No 8]					
	4. Name of the Student :						
7. Mother's Name : 7. Mother's Name :		DATE MONTH YEAR					
8. Gender : MALE / FEMALE / TRANSGENDER 9. Divyang :** NONE / BLINDNESS / LOW VISION / DWARFISM / LOCOMOTOR / THALASSEMIA /** 10. Caste : GENERAL / SC / ST / BC-2 / EWS 11. Faculty : ARTS / COMMERCE / SCIENCE 12. APAAR ID:	6. Father's Name :						
8. Gender : MALE / FEMALE / TRANSGENDER 9. Divyang :** NONE / BLINDNESS / LOW VISION / DWARFISM / LOCOMOTOR / THALASSEMIA /** 10. Caste : GENERAL / SC / ST / BC-2 / EWS 11. Faculty : ARTS / COMMERCE / SCIENCE 12. APAAR ID:							
9. Divyang:** NONE / BLINDNESS / LOW VISION / DWARFISM / LOCOMOTOR / THALASSEMIA /** 10. Caste : GENERAL / SC / ST / BC-1 / BC-2 / EWS 11. Faculty : ARTS / COMMERCE / SCIENCE 12. APAAR ID:	7. Mother's Name :						
9. Divyang : ** NONE / BLINDNESS / LOW VISION / DWARFISM / LOCOMOTOR / THALASSEMIA / ** 10. Caste : GENERAL / SC / ST / BC-1 / BC-2 / EWS 11. Faculty : ARTS / COMMERCE / SCIENCE 12. APAAR ID:							
10. Caste : GENERAL / SC / ST / BC-1 / BC-2 / EWS 11. Faculty : ARTS / COMMERCE / SCIENCE 12. APAAR ID: Image: Comparison of the optional Subject & Additional Subject in order to pass the examination, in case of failure to obtain the requisite pass mark in one of the Optional Subject. Image: YES (Swap the same) / INO (Do not Swap) Para applicable if faculty opted is COMMERCE or SCIENCE and that to if a Language Subject has been	8. Gender:	MALE / FEMALE / TRANSGENDER					
11. Faculty: ARTS / COMMERCE / SCIENCE 12. APAAR ID:	9. Divyang:**	NONE / BLINDNESS / LOW VISION / DWARFISM / LOCOMOTOR / THALASSEMIA / **					
12. APAAR ID: Image: Consent for swapping of between Optional Subject & Additional Subject in order to pass the examination, in case of failure to obtain the requisite pass mark in one of the Optional Subject. Image: Type S (Swap the same) Image: NO (Do not Swap) Para applicable if faculty opted is COMMERCE or SCIENCE and that to if a Language Subject has been	10. Caste :	GENERAL / SC / ST / BC-1 / BC-2 / EWS					
13. Consent for swapping of between Optional Subject & Additional Subject in order to pass the examination, in case of failure to obtain the requisite pass mark in one of the Optional Subject. Image: None of the State of Stat	11. Faculty :	ARTS / COMMERCE / SCIENCE					
requisite pass mark in one of the Optional Subject. YES (Swap the same) / [NO (Do not Swap)] Para applicable if faculty opted is COMMERCE or SCIENCE and that to if a Language Subject has been	12. APAAR ID:						
	13. Consent for swapping of between Optional Subject & Additional Subject in order to pass the examination, in case of failure to obtain the requisite pass mark in one of the Optional Subject.						

Space for Student's Photograph

S	pace	for	Student	's Si	gnature

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System Generated UID No. :

Entered By : _

Note :

- 1. In column no. 1 to 12 details to be filled / ticked should match exactly with the one appearing in your Registration Card.
- 2. In column no. 13 fill details (as applicable).
- 3. Photograph to be pasted should not be more than 3 months old. Photograph & Signature should not exceed the box area.
- 4. Change of any details is not allowed. For modification in details please contact the Council.
- 5. Submission of copy of Registration Card whose details is mentioned above is mandatory.
- 6. Get printed copy of your checklist from school and look at your details very carefully. Inform HM immediately if there is any mistake.
- 7. No correction will be allowed once exam form is submitted online.
- 8. The Registration number will be filled by the school / college itself from the checklist available on the portal.

Seal & Signature of the Institution Head or Principal

**Divyang Category List :

- 1. Hearing Impairement
- 3. Intellectual Disability
- 5. Speech Disability
- 7. Muscular Dystrophy
- 9. Mental Illness
- 11. Chronic Neurological condition
- 13. Specific Learning Disability
- 15. Multiple Sclerosis

- 2. Cerebral Palsy
- 4. Haemophilia
- 6. Autism Spectrum Disorder
- 8. Sickle Cell Disease
- 10. Multiple Disability including Deaf, Blindness
- 12. Acid Attack Victim
- 14. Leprosy cured person
- 16. Parkinson's disease.