EDUCATION



VASANT KANYA MAHAVIDYALAYA

Kamachha, Varanasi - 221 010

(A unit of The Indian Section, The Theosophical Society)

वसन्त कन्या महाविद्यालय

कमच्छा,वाराणसी-221 010

(भारतीय शाखा, थियोसॉफिकल सोसाइटी की इकाई)

Admitted to the privileges of Banaras Hindu University

Institution Accredited by NAAC

Phone -(0542)2455382

Email-vkmdegree.college@gmail.com

Ref. No. VKM /2025-26/

Date: 08.09.2025

NOTICE

Students are hereby informed that registration for the following short-term courses is open. Interested candidates must complete their registration by 20th September 2025. For registration in these courses, please contact the persons mentioned below.

छात्राओं को सूचित किया जाता है कि महाविद्यालय में निम्नलिखित short-term courses संचालित किए जा रहे हैं। इच्छुक अभ्यर्थी पंजीकरण एवं अन्य जानकारी के लिए संबंधित व्यक्तियों से संपर्क करें।

S.No.	Course Name	Course Fee	Duration	Contact Person
1	UG Diploma in French	₹5,000/- per semester	2 years (4 semesters)	Ms. Varsha Yadav (Office)
2	UG Diploma in German	₹5,000/- per semester	2 years (4 semesters)	Ms. Varsha Yadav (Office)
3	Certificate Course in Fashion Designing	₹5,000/- per annum	6 months	Ms. Padma (Home Science Department)
4	Certificate Course in Spoken English	₹4,000/- per annum	6 months	Ms. Pravisha Vishwakarma (Office)

Principal



VASANT KANYA MAHAVIDYALAYA

Kamachha, Varanasi - 221 010 (Admitted to the privileges of Banaras Hindu University)

APPLICATION FORM FOR UG DIPLOMA IN FRENCH

1	Name in f	ull (Block Cap	oitals) in E	ng.									
2	Father's Name												
3	Mother's 1	Name						• • • • • • • • • • • • • • • • • • • •					
4	Permanen	t Home Addre	SS					• • • • • • • • •					
	(with phor	ne no. & mobi	le no.)					• • • • • • • • •					
5	If the guardian is other than father, state							• • • • • • • • •					
	name with	relationship a	nd address	s (pł	ı								
	no. & mol	p.)											
6	Date of bir	rth											
7	Category				• • •								
8 Institution last attended													
	Name and address of the Institution						Pursuing Course			Session			
	VASANT KANYA MAHAVIDYALAYA						A						
9	Examinati	on Records :				•							
	Exam.	University/	Year of			Result							
	Passed	Board	passing	D	iv.	%		Su	bjects off	fered	_		
0	Status of the applicant:												
	Nationality State F		Religi	Religion M		ried/U	Unmarried	Mo	other				
							To	ngue					

1.	I solemnly declare that this form has been filled in by me and that the above statements/entries are
	true; and that my admission is liable to be cancelled in case of any discrepancy in the information
	given above being detected at a later stage.

۷.	agree to ablde by the rules of the college and promise to be regular in my studies and to pay my
	tuition and other fees regularly.

Date	
	(Full signature of the applicant)

DECLARATION OF THE PARENT OR GUARDIAN

In the event of my above mentioned daughter/ward being admitted to the Vasant Kanya Mahavidyalaya, I hold myself responsible to her conduct in and even outside college campus and for the payment of her fees and other dues of the University/college.

Date	(Full signature of the parent/guardian)



VASANT KANYA MAHAVIDYALAYA

Kamachha, Varanasi - 221 010 (Admitted to the privileges of Banaras Hindu University)

APPLICATION FORM FOR UG DIPLOMA IN GERMAN

1	Name in f	ull (Block Cap	oitals) in E	ng.					• • • • • • • • • • • • • • • • • • • •				
2	Father's Name												
3	Mother's 1	Name							• • • • • • • • • • • • • • • • • • • •				
4	Permanent	t Home Addre	SS										
	(with phor	ne no. & mobi	le no.)										
5	If the guar	dian is other t	han father,	stat	e								
	name with	relationship a	nd address	(ph	l								
	no. & mol	p.)											
6	Date of bir	rth											
7	Category												
8	Institution	last attended											
	Name and address of the Institution						Pursuing Course			Session			
	VASANT	KANYA MA	HAVIDY	ALA	YA	A							
9	Examinati	on Records :				•							
	Exam. University/ Year of						Result						
	Passed	Board	passing	D	iv.	%		Subjects offered					
0	Status of t	he applicant:	•										
	Nationalit	Nationality State		Religion N		ied/U	Jnmarried	Mo	other				
							To	ngue					

1.	I solemnly declare that this form has been filled in by me and that the above statements/entries are
	true; and that my admission is liable to be cancelled in case of any discrepancy in the information
	given above being detected at a later stage.

2.	I agree to abide b	by the rules	s of th	e college	and	promise	to b	e regular	ın m	iy studies	and t	o pay	/ my
	tuition and other f	fees regula	rly.										

Date	
	(Full signature of the applicant)

DECLARATION OF THE PARENT OR GUARDIAN

In the event of my above-mentioned daughter/ward being admitted to the Vasant Kanya Mahavidyalaya, I hold myself responsible to her conduct in and even outside college campus and for the payment of her fees and other dues of the University/college.

Date	(Full signature of the parent/guardian)

EDUCATION AS SERVICE

VASANT KANYA MAHAVIDYALAYA

Kamachha, Varanasi - 221 010 (Admitted to the privileges of Banaras Hindu University)

APPLICATION FORM FOR CERTIFICATE COURSE IN FASHION DESIGNING

1	Name in f	ull (Block Cap	itals) in Eı	ng.					• • • • • • • • • • • • •			
2	Father's N	lame										
3	Mother's	Name							• • • • • • • • • • • •			
4	Permanen	t Home Addre	SS									
	(with phor	ne no. & mobil	e no.)									
5	If the guar	dian is other tl	nan father,	state	·							
	name with	relationship a	nd address	(ph	·							
	no. & mol	p.)										
6	Date of bi	rth										
7	Category								•••••			
8	Institution	last attended										
	Name	and address o	f the Instit	ution	1	I	Pursuing Co	ourse		Session		
	VASANT	KANYA MA	HAVIDY	ALA	YA	TA						
9	Examinati	on Records :										
	Exam.	University/	Year of					Res	ult			
	Passed	Board	passing	Di	v.	%		Su	bjects of	fered		
0	Status of t	he applicant:										
	Nationalit	y State	Religi	on	Marr	ied/U	Jnmarried	Mo	other			
								To	ngue			
												

1.	I solemnly declare that this form has been filled in by me and that the above statements/entries are
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	given above being detected at a later stage.

۷.	agree to ablde by the rules of the college and promise to be regular in my studies and to pay my
	tuition and other fees regularly.

Date	
	(Full signature of the applicant)

DECLARATION OF THE PARENT OR GUARDIAN

In the event of my above mentioned daughter/ward being admitted to the Vasant Kanya Mahavidyalaya, I hold myself responsible to her conduct in and even outside college campus and for the payment of her fees and other dues of the University/college.

Date	(Full signature of the parent/guardian)



VASANT KANYA MAHAVIDYALAYA

Kamachha, Varanasi - 221 010 (Admitted to the privileges of Banaras Hindu University)

APPLICATION FORM FOR CERTIFICATE COURSE IN SPOKEN ENGLISH

1	Name in f	ull (Block Cap	oitals) in Eı	ng.						
2	Father's Name									
3	Mother's Name									
4	Permanen	t Home Addre	SS							
	(with phor	ne no. & mobil	le no.)							
5	If the guar	dian is other th	han father,	state	·					
	name with	relationship a	nd address	(ph	·					
	no. & mol	p.)								
6	Date of bi	rth								
7	Category									
8	Institution	last attended								
	Name	and address o	f the Instit	utior	1]	Pursuing Co	ourse		Session
	VASANT	KANYA MA	HAVIDY	ALA	YA					
9	Evominoti	on Records :				•				_
フ 			Year of					Res	14	
	Exam.	University/								
	Passed	Board	passing	Di	V.	%		Su	bjects off	Fered
0	Status of t	he applicant :			•					
	Nationalit	y State	State Religion		Marrie		Jnmarried	Mo	other	
					То			To	ngue	

1.	I solemnly declare that this form has been filled in by me and that the above statements/entries are
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	given above being detected at a later stage.

۷.	agree to ablde by the rules of the college and promise to be regular in my studies and to pay my
	tuition and other fees regularly.

Date	
	(Full signature of the applicant)

DECLARATION OF THE PARENT OR GUARDIAN

In the event of my above mentioned daughter/ward being admitted to the Vasant Kanya Mahavidyalaya, I hold myself responsible to her conduct in and even outside college campus and for the payment of her fees and other dues of the University/college.

Date	(Full signature of the parent/guardian)