



Dedicated To Educate

APPLICATION FORM

Karnataka College Group of Institutions

Campus: # 33/2, Thirumenahalli, Hegde Nagar Main Road, Yelahanka, Bangalore - 560 064.

Application No

Academic Year

Application for Admission to

Pharmacy	Nursing	PG Courses	UG Courses	Allied Health Sciences	PUC
<input type="checkbox"/> M Pharm	<input type="checkbox"/> GNM	<input type="checkbox"/> MBA	<input type="checkbox"/> BBA	<input type="checkbox"/> B.Sc - MLT	<input type="checkbox"/> PCMB
<input type="checkbox"/> BPharm	<input type="checkbox"/> B.Sc	<input type="checkbox"/> M.Com	<input type="checkbox"/> BCA	<input type="checkbox"/> B.Sc (Imaging Technology)	<input type="checkbox"/> PCMC
<input type="checkbox"/> Pharm D	<input type="checkbox"/> PC B.Sc	<input type="checkbox"/> M.Sc - Maths	<input type="checkbox"/> B.Com	Paramedical	<input type="checkbox"/> CEBA
<input type="checkbox"/> Pharm D (PB)	<input type="checkbox"/> M.Sc	<input type="checkbox"/> MA - English	<input type="checkbox"/> B.Sc - Ccmp	<input type="checkbox"/> DMLT	<input type="checkbox"/> HEBA
<input type="checkbox"/> D Pharam	<input type="checkbox"/> PhD	Law	<input type="checkbox"/> BA	<input type="checkbox"/> DMXT	CBSE School
<input type="checkbox"/> PhD		<input type="checkbox"/> LLB		<input type="checkbox"/> DOTT	KG - X
				<input type="checkbox"/> DOT	<input type="text"/>

Passport Photo Graph Of The Applicant

1. Name of the Applicant _____
(In block letters)

2. Father's Name _____

3. Mother's Name _____

4. Date of birth _____ (Date / Month / Year) Sex: Male Female

5. Nationality _____ Mother Tongue _____ Religion _____

6. Passport Number / Aadhaar _____ Validity _____

7. Category SC ST OBC Any other Category
(please mention in the box provided)

8. Marital Status Single Married Divorced Widowed

9. Contact No Tel / Mobile: Email:

10. Permanent Address _____

Parent / Guardian's Tel./ Mobile: Email:

11. Present Address _____

12. Name and Address of the _____
Institution last studied _____

Exam Passed	Name of the Board / University	Year of Passing	Combination	Regd. No	% of Marks
SSLC					
PUC or Equivalent					
DEGREE / PG					

14. Medium of instruction

15. CAT / XAT / MAT / KMAT / GPAT / SCORE _____

16. Documents to be submitted [original + 3 sets of photocopy, please mark in the box for documents submitted]

- | | | |
|---|---|---|
| <input type="checkbox"/> Marks Card of qualifying exam or equivalent exam | <input type="checkbox"/> 6 (six) PP size photos | <input type="checkbox"/> Copies of Passport / Aadhaar |
| <input type="checkbox"/> Copy of Proof of Date of birth | <input type="checkbox"/> Migration Certificate | <input type="checkbox"/> Transfer Certificate |
| <input type="checkbox"/> Eligibility Certificate (In case of Foreigners) | <input type="checkbox"/> Copy of Proof of Address | |

17. Proficiency in Cultural / Sports Yes No

18. Do you seek admission to the Hostel Yes No

19. Any Other Information _____

DECLARATION BY THE CANDIDATE

I have read all the rules and regulations that are in the prospectus and shall abide by them.

Place
Date

Signature of the candidate

DECLARATION BY THE PARENTS

I have read the rules and regulations of the College, which is applicable for my ward and agree to abide by the same. I shall be responsible for his/her good conduct, attendance and discipline during the period of his/her stay in the College. I understand that promotion/admission to the next higher class is not automatic. I assure that my ward will not indulge in any act, which will tarnish the image of the College. If he/she does so, he/she may be expelled from the College. I will not have any claim whatsoever for the refund of fees. If my ward leaves the college on his or her own wish or expelled by the College for breach of conduct, discipline and rules of the College.

Place
Date

Signature of the parent
Father/Mother/Guardian

For Office Use

The candidate may / may not be admitted to _____

Admission Officer

Admitted to _____

Fee collected Rs. _____

Receipt No. _____ Date: _____

Cashier

Principal