



RAJAJINAGAR EDUCATION SOCIETY's (REGD.)

☎ 23492449

SRI AUROBINDO CENTER FOR POST GRADUATE STUDIES

(AFFILIATED TO BANGALORE UNIVERSITY)

No. 6/C, 5th Main, 2nd Stage, West of Dr. M.C. Modi Road,
(Behind Dr. Modi Eye Hospital), Mahalakshmpuram, Bangalore - 560 086.



Sl. No. :

APPLICATION FOR ADMISSION TO I / II Year - M.Com. / PGDHRM

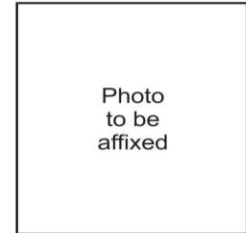


Photo
to be
affixed

Admission No.....

Year.....

1.Name of the applicant in full (in block letters)																						
2.Father's / Guardian's Name																						
3.Mother's Name																						
4. Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>																					
5.Birth Particulars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Age : <input type="checkbox"/> (As on July 2017)																					
6.a)Nationality of the student																						
b)Religion																						
c)Caste & Category, By-marking '**' to which Category you belong & attach Certificate	<table border="1"> <thead> <tr> <th rowspan="2">SC</th> <th rowspan="2">ST</th> <th colspan="5">Category</th> <th rowspan="2">General</th> </tr> <tr> <th>I</th> <th>IIA</th> <th>IIB</th> <th>IIIA</th> <th>IIIB</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	SC	ST	Category					General	I	IIA	IIB	IIIA	IIIB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SC	ST			Category						General												
		I	IIA	IIB	IIIA	IIIB																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
7.Mother Tongue																						
8.Whether born in Karnataka or domicile	YES / NO																					
9.District and Taluk to which the applicant belongs																						
10.Address a) Local Address & Res. Phone No.																						
b) Permanent Address & Phone No E-mail																						
11.Name, Occupation, Annual Income of Parent / Guardian																						
12.Institution last attended																						

12.Languages offered	
13.Proficiency in Games & Sports	
14.Extra Curricular Activities	
15.Details of qualifying Exam :	(A) Degree : (B) Bangalore/other University : (C) Year of passing : (D) Reg.No : (E) Max Marks : (F) Marks Obtained with Percentage.:
<u>Declaration by the Candidate</u>	
I undertake to abide by the Rules & Regulations of the College and orders of the University.	
I also know that I shall not be eligible to appear for Examination if I fall short of 75% of periods engaged in each of the subjects.	
Place : Date :	Signature of the Candidate
<u>Declaration by the Parent / Guardian</u>	
I agree to the applicant's admission to	
I shall be responsible for payment of all her fees and charges. I am aware that fee once paid is notrefundable.	
I shall also be responsible for her conduct and good behaviour during the period of her College Career.	
I agree to abide by the rules & regulations of college.	
Place : Date :	Signature of the Parents / Guardian
<u>FOR OFFICE USE ONLY</u>	
Admission No.Date	
Receipt No.Date	
(Amount paid at the time of Admission) Rs.....	
Date	PRINCIPAL
➡ Documents to be submitted by the applicant :-	
➡ Photo Copy of Adhar Card.	
➡ Photo Copy of SSLC Marks card.	
➡ Photo Copy of PUC Marks card.	
➡ Photo Copy of Qualifying Exam.	
➡ Photo Copy of Caste Certificate.	
➡ Photo Copy of Income certificate.	