



SUBASH GROUP OF INSTITUTIONS

No.1790/860, Bangalore - Mysore Road, Bidadi, Ramanagaram District, Bangalore
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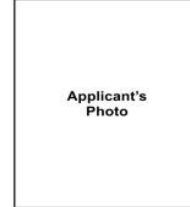
APPLICATION FORM

GNM / BSC / POST BSC / MSC / D. Pharm

Application Number :

Issued on :

Received on :



IMPORTANT : All entries must be made in English in Block (Capital) Letters only.

1. Full Name of the Applicant (As Per SSLC Marks Card)	
2. Age & Date of Birth	
3. Place of Birth	
4. Full Name of Father / Guardian	
5. Nationality	
6. Religion & Caste	
7. Mother Tongue	
8. Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Aadhar No. : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9. Whether belongs to S.C / S.T. / O.B.C. or any other Reserved Category	Yes / No
10. Father's Name	
11. Mother's Name	
12. Occupation of Parent / Guardian	
13. Permanent Address of the Applicant	Local Address of Guardian
PIN.....Phone :	PIN.....Phone :
14. Name of the School / College last attended	
15. Qualifying Exam Passed (S.S.L.C / P.U.C / Other. (If other please specify	
16. Month & Year of Passing	
17. Register Number in the qualifying exam passed	

16. Marks obtained in the Qualifying Examination

- Documents Required: a) SSLC Marks Sheet b) II PUC / 10+2 / PDC / Marks Sheet
- Documents Required : c) Migration Certificate d) Transfer Certificate
(Photocopies)
- (Original to be Produced at the time of admission)**
- e) Conduct Certificate (Issued by the institution where last studied)
- f) Passport Size Photo & Passport Copy (For NRI)
- g) Student Visa (for foreign nationals)

DECLARATION BY THE APPLICANT

1. I have carefully read the instructions and I hereby declare that all the information given and statements made in this application and also in its accompanying attachments and enclosures are true to the best of my knowledge.
2. I agree to stay in the Hostel for full term of the course. I agree to the condition that if any information or any statement is found to be wrong, my admission to the Institution would automatically be cancelled.
3. If admitted, I promise to abide by the rules and regulations in force or there that may hereafter be made for the administration of the institution and I shall do nothing either inside or outside the institution which will interfere with its orderly working and discipline.
4. I agree to rule that I may be expelled from the institution for misconduct, raging, lack of interest in studies, indiscipline or continuous failure in the examination.
5. Any Payment paid towards admission is not refundable.
6. Any sole jurisdiction deputes shall be solved in Bangalore only.

Date :

Signature of Applicant

DECLARATION BY THE PARENT / GUARDIAN

I declare that I am fully aware of the financial obligations of admitting my ward into the Institution, and that I shall pay all the costs and the prescribed fees to the Institution under the rules framed by the management from time to time. I also own responsibility for all particulars mentioned in the application by my son / daughter / ward..... I shall be answerable and responsible for the conduct / character and behavior of my ward, during, his / her stay in the Institute. Moreover, I accept the decision of the Principal, in respect of my ward in all matters relating discipline and attendance as binding on me.

Date :

Signature of Parent / Guardian
Name :

For Office Use Only

Check List

a b c d e f g

Checked by :

C/o. _____

Referred by _____ Mobile : _____

Address : _____

I have checked and verified all required information and supportive documents and declare that the candidate is admitted for the course applied.

Principal