

SHREE GURU RAGHAVENDRA EDUCATIONAL TRUST (R)

APOORVA INSTITUTE OF MANAGEMENT STUDIES

(AFFILIATED TO BANGALORE UNIVERSITY, RECOGNISED BY UGC) #33, 8TH CROSS, RK LAYOUT (OPP. PRARTHANA SCHOOL-P3),PADBHANABHANAGAR,BANGALORE - 560070

	PHOTO							
APPLICATION NO.	ADMISSION NO.							
1. Name of the Applicant in full : (in Block Letters)								
2. Age & Date of Birth:	Age Date Month Year Image: Second							
3. Gender	Male Female							
4. Contact No :	E-Mail id :							
5. Family Particulars : Father								
1. Name								
2. Occupation								
3. Contact No Mother								
1. Name								
2. Occupation								
3. Contact No								
Guardian (if necessary)								
1. Name								
2. Occupation								
3. Contact No								
6. Annual Income of the Parent / Guardian								
7. Student Aadhar No (a copy of Aadhar should enclosed)								
8. Residential Address								
9.Permanent Address								
10.Nationality								
11. Religion								
12. Caste								
13. Category {Xerox copy of the certificate issued By the Tahsildar should be enclosed}	Please tick { } that is applicable GM SC ST C1 A B A B							
14. Name and Address of the Institution last attended								

15. Previous Examination Details :

SL. NO	COURSE	SUBJECTS	UNIVERSITY	TOTAL MARKS	MAKRS OBTAINED	PER (%)

DECLARATION BY THE STUDENT

I hereby declare that the above information is true and correct to the best of my knowledge and belief. I promise to abide by the regulations of the college and university.

I promise that I do not indulge in any kind of ragging and will abide by rules of conduct and discipline of the institution. I will not do anything which will tarnish the fair name of the Institute. If I misbehave with teachers or students of the college my admission shall be cancelled.

I undertaken to attend not less than 75% of the working period in each of the subjects as prescribed by the university. I shall not be eligible to appear for the examination is I do not have the prescribed attendance in each subject.

I agree to pay prescribed fees in time and do not claim refund of any fees paid by me to the Institution.

Place :

Date:

Signature of the Candidate

DECLARATION BY THE PARENT / GUARDIAN

I have read the rules and regulations for admission of my ward to this college. I shall be responsible for his / her payment of fees and charges. I shall also be responsible for his / her good conduct and behaviour, attendance and discipline during the period of his / her stay in the college. Further, I assure that my ward will not indulge in any act which will tarnish the good image of the college. If he / she does so, he/she may be expelled from the college.

Place:

Date:

Signature of Parent / Guardian

FOR OFFICE USE ONLY

Fees Paid Rs / Bank Challan / D.D No.....

Date...../ Due if any; Photo /TC/ EC/ Migration Certificate.....

Accts. Superintendent

Office Superintendent



