

SHREE GURU RAGHAVENDRA EDUCATIONAL TRUST (R)

APOORVA INSTITUTE OF MANAGEMENT STUDIES

(AFFILIATED TO BANGALORE UNIVERSITY)

HEAD OFFICE: #33, 8TH CROSS, RK LAYOUT (OPP. PRARTHANA SCHOOL-P3)
PADBHANABHANAGAR,BANGALORE – 560070

BRANCH: No. 54, 1st CROSS, KENCHENHALLI, RAJARAJESHWARI NAGER, BANGALORE – 560098

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED)

	PUC B.COM DAY EVENING							PHO	ОТО	
AF	PPLICATION NO:	ADM	ISSIO	N NO:						
1.	Name of the Applicant in full :	TIDIVI	10010	1110.						
	(in Block Letters)									
2.	Age & Date of Birth:	Age:			DOB:					
3.	Gender	Male:			Female	e:				
4.	Contact Details:	Phone E-Mai								
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.		Please tick { } that is applicable								
	Category	G . 1	aa	O.E.	C1	I 11 A	11.50	111.4	11175	ĺ
	{Xerox copy of the certificate issued By the Tahsildar should be enclosed}	GM	SC	ST	C1	A	B	A	B	
14	Name and Address of the Institution last attended									

SL. NO	COURSE	SUBJECTS	UNIVERSITY	TOTAL MARKS	MAKRS OBTAINED	PER (%)
		DECLAR	ATION BY THE S	STUDENT		
	•		is true and correct college and univers		ny knowledge and	belief.
of the	institution. I will n	ot do anything whi	of ragging and will ch will tarnish the admission shall be	fair name of th		
the uni		be eligible to appe	the working period ear for the examinat			
I agree	e to pay prescribed	fees in time and do	o not claim refund	of any fees paid	l by me to the Inst	itution.
Place: Date:				Si	gnature of the Car	ndidate
		DECLARATIO	N BY THE PARE	ENT / GUARD	IAN	
his / h attenda will no	er payment of fees nce and discipline	and charges. I sha during the period of t which will tarnish	nission of my ward ll also be responsib of his / her stay in t in the good image of	ole for his / her he college. Fur	good conduct and ther, I assure that	behavio my ward
Place: Date:				S	ignature of Parent	/ Guardi
		FOR	OFFICE USE O	NLY		
Fees P	aid Rs		/ Bank Challan	/ D.D No		
1 005 1						• • • • • • • • • •
		Due if any; Photo /	ΓC/ EC/ Migration	Certificate		