



# 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

<b>Pharmacy</b>	<b>Nursing</b>	<b>PG Courses</b>	<b>UG Courses</b>	<b>Allied Health Sciences</b>	<b>PUC</b>
<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	<b>Paramedical</b>	<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	<b>Law</b>	<input type="checkbox"/> BA	<input type="checkbox"/> DMXT	<b>CBSE School</b>
<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]

Marks Card of qualifying exam  
or equivalent exam

6 (six) PP size photos

Copies of Passport / Aadhaar

Copy of Proof of Date of birth

Migration Certificate

Transfer Certificate

Eligibility Certificate (In case of Foreigners)

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