

13. Marks obtained in Qualifying Examination i.e. 10+2 / PUC

Sl.No.	Name of the Subject	Month and year of Passing	Maximum Marks	Marks Obtained
1				
2				
3				
4				
5				
6				

14. Health condition of Applicant:

(Please provide details of any major illness/long standing illness recent or in about five years period.)

Sickness	Serious/Major Illness	Surgical/ Non-surgical	Communicable Disease	Any problem at present
Specify Name & details if available				

15. Visible distinguishing mark, if any:

I hereby affirm that all particulars furnished by me (the applicant) are true to the best of my knowledge and belief.

Signature of the Parent/Guardian

Date:

Signature of the Applicant

CHECK LIST OF DOCUMENTS ENCLOSED:

1. Qualifying Examination (10+2(PUC) / SSLC) Marks Statement - Original & 5 photocopies - Attested
2. S.S.L.C./Class 10 Certificate showing Date of Birth - Original & 4 photocopies - Attested
3. Transfer Certificate - Original & 5 photocopies - Attested
4. Conduct and Character Certificate & Study of PUC - Original & 4 photocopies - Attested
5. Income Certificate - Original & 4 photocopies - Attested
6. Caste Certificate - Original & 4 photocopies - Attested
7. Ration Card & Aadhar Card - Photocopy - Attested
8. Physical Fitness Certificate
9. Rural (Gramina) & 7 year Karnataka Study Certificate - Photocopy - Attested
10. Migration Certificate (other than Karnataka State students) - Original & 4 photocopies - Attested
11. Photographs : recent 7 copies passport size, 4 copies stamp size
12. Bank Pass Book - Photocopy - Attested

DECLARATION

I do hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars furnished above are true.

I, hereby, undertake to abide by all the conditions, Rules, Regulations in force at present and also those which may hereafter be introduced by Ashrith Trust (R), Kota for the administration of the College & Hostel. I also undertake that so long as I am a student of this college I will do nothing unworthy of a student of the College either inside or outside - anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior and/or continuous failure.

I do hereby, undertake that I shall pay all the fees and dues to the Institutions promptly on demand. **I am also aware that Fees once paid shall not be refunded. In case I need to quit the course, I am liable to pay the full amount for the whole course.**

Date

Place

Signature of Parent/Guardian

Signature of Applicant

FOR OFFICE USE ONLY

Student Name :

Register No. :

Fess Paid :

Admitted :

Principal