



PKM EDUCATIONAL TRUST (R)

R.R. INSTITUTIONS

67, Chikkabanavara, Bangalore - 560 090.
Ph : 080-28391555/65326100 Fax : 28396210
Website : www.rrinstitutions.com

Affix your
Passport size
Photograph here

APPLICATION FORM

Registration No.

Year 200 200.....

COURSE APPLY FOR

MBA	MCA	M. Pharma.....	B.Pharma	
B.E.	Diploma	BBM	BCA	B.Com.,
M.Sc., (N).....	Pc BSc (N)	B.Sc., (N)	GNM	
M.Ed.,	B.Ed.,	D.Ed.,		

Name of Student :

Father's Name : Occupation :

Mother's Name : Occupation :

Date of Birth : Age : Blood Group :

Nationality : Caste :

Postal Address :
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.....

Local Guardian's Name and address :
.....
.....

Pin : Phone :

Pin : Phone :

Documents Required Affix photocopies (Originals to be Produced at the time of selection interview)

- SSLC Marks Sheet
- II PUC / 10+2 / PDC Marks Sheet
- Transfer Certificate
- Conduct Certificate (issued from institution last studied)
- Migration Certificate
- Recent 4 Passport & 1 Stamp size Colour Photographs
- Student Passport Visa (for foreign nationals)
- Cumulative Record along with syllabus pertaining to qualifying examination (for foreign nationals)
- Degree Certificate & Marks Sheet
- CET Allotment letter with fee paid receipts
- Income & Caste Certificate (if any)
- Diploma Certificate / Marks Sheet (for lateral entry students)

Qualified Examination Passed : _____ Registration No. : _____

Marks obtained in the qualifying Examination : (Xerox copy attested)

Sl. No.	Subject	Marks Obtained	Percentage

DECLARATION

I / we pledge that all information provided herewith is true to the best of our knowledge. I /we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final. I/we also understood and accept that in case of discontinuation of the course for any reasons. I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations.

Date :

Place :

Signature of Father / Guardian

Signature of Student

Name of institution admitted to :

FOR OFFICE USE ONLY

Check list

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

Branch

.....
Admitted by

.....
Principal

.....
Secretary

