

K. V. G. COLLEGE OF ENGINEERING

SULLIA – 574 327, D.K., KARNATAKA [SPONSORED BY THE ACADEMY OF LIBERAL EDUCATION (Regd.) SULLIA, D.K] AFFILIATED TO VISVESVARAYA TECHNOLOGICAL UNIVERSITY & RECOGNIZED BY GOVT. OF KARNATAKA APPROVED BY ALL INDIA COUNCIL FOR TECHNICAL EDUCATION, NEW DELHI

FOR OFFICE USE ONLY								
The applicant has been given provisional admissio	n							
Name :								
Course :								
Receipt No.: Date								
ACCOUNTANT OFFICE	E SUPER	INTENI	DENT			PRI	NCIPA	L
APPLICATION FOR ADMISSION TO MBA/MCA/M-Tech PROGRAMME 2011 - 2012								2
To THE PRINCIPAL K.V.G. COLLEGE OF ENGINEERING SULLIA, DAKSHINA KANNADA KARNATAKA STATE, INDIA – 574327.						ĩx a Pas e Photog	-	
PGCET No.: RANK No.:				CAT	FEGORY	:	(PGCET	C/MGT)
1. Name of the candidate in full (IN BLOCK LETTERS)								
2. Sex	Male	H	Female		3. E	Blood Gi	coup	
4. Father's Name (IN BLOCK LETTERS)								
5. Name of the guardian and relationship if the father is not alive								
6. Permanent address (IN BLOCK LETTERS)	PIN :							
	Dist : State :							
7. Contact address (IN BLOCK LETTERS)	PIN :							
	Dist : State :							
8. Group	SC	ST	Ι	IIA	IIB	IIIA	IIIB	

9. Email address									
10. Contact Telephone No.	Parents	STD Code: Ph. No: Mob:							
	Student	STD Co Mob:	ode:			Ph. No	0:		
11. Religion									
12. Caste									
13. Sub-Caste									
14. Occupation of father/guardia	n								
15. Annual Income of father / gu	ardian								
16. i) Date of Birth		D	D	М	M	Y	Y	Y	Y
ii) Place of Birth:		iii) Mot	her – to	ngue:					_
17. EDUCATIONAL QUALIFI	CATION								
18. Address of College where y studied last.	ou								

19. a) University _____

b) University Seat No. _____

20. Qualification Details:

S1.	Particular of examination	Maximum	Marks	Month & year	Remarks
No	passed	Marks	obtained	of passing	ixemarks
1.	I Year / I Semester				
	II Semester				
2.	II Year / III Semester				
	IV Semester				
3.	III Year / V Semester				
	VI Semester				
4.	IV Year / VII Semester				
	VIII Semester				
	TOTAL :				% Marks

21. DETIALS OF SERVICES

Name of the organization	Designation	Peric	od	Experience	
		From	То	In y	ear

Place:

Date:

Signature of the Applicant