For Office use			
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Garden City College

Garden City College Campus, 16th KM, Old Madras Road,

Bangalore - 560049. Phone: 080-66487600 - 7606

Website: www.gardencitycollege.edu

Email : gcetrust@vsnl.com, gcc@gardencitycollege.edu

APPLICATION FOR ENROLMENT

(For the Academic Year 20__- 20__)

Student Name :				
Date of Birth:				
Name of the University/Board				
of the qualifying examination:				
Year of passing:				
Qualifying Examination	Subject	Percentage/Grade	Result	
Name of Father/Guardian:				
Occupation of Father/Guardian	:			
Country/State of Domicile:				
Permanent Address:		Correspondence Address:		
Phone No. with STD Code:				
Course Preferred :		•		
1.				
2.				
3.				

Signature of the Applicant.

DECLARATION

1.	I				
	S/o / D/o				
	agree to abide by the rules and regulations of GCC in force and amended/altered from time to time.				
2.	I assure that I will not indulge in any activity that would tarnish the image of the Institution.				
3.	I am aware that the management of GCC has every right to suspend/dismiss me from the College or even debar from the				
	University in case I breach the code of conduct.				
4.	I am aware that the fees once paid will not be refunded under any circumstances.				
5.	I am aware that my admission is subject to the approval of Bangalore University.				
	Signature of the Candidate				
	ATTESTATION BY THE PARENT/GUARDIAN				
	ereby certify that the declaration made above has been duly signed by my ward in my presence.				
	nce :				
Da	te :				
	Signature of the Parent/Guardian				
Li	st of documents attached : Tick				
1.	10 th Standard or Equivalent examination marks card.				
2.					
3.					
4.	Migration Certificate issued by the Board/University last studied.				
5.	Character Certificate issued by the Head of the Institution last studied.				
6.	Transfer Certificate issued by the Head of the Institution last studied.				
7.	Three copies of passport size photograph.				
Of	fice Use Received the Certificates				
	Admission Officer				
	PAYMENT DETAILS				
	DD / Cheque (Please Tick the mode of payment), Amount :,				
	Date :, Bank :,				
	Branch :				