



PATEL PRE-UNIVERSITY COLLEGE

Recognised by the Government of Karnataka

K. Agrahara, Outer Ring Road, Behind Sakra World Hospital, Bellandur Post, Bengaluru-560103.

APPLICATION FOR ADMISSION TO PU COURSE

APPLICATION NO:

ACADEMIC YEAR: 20_____ - 20_____

Patel
Pre-University
College

(Enclose additional
4 P.P. Size Photos)

Name of the Applicant (as per school records)						
Gender: M <input type="checkbox"/>	F <input type="checkbox"/>	Nationality:	Religion:	Caste:		
Date of Birth: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Aadhar No:	Blood Group:
Student Mobile No.:		Email:				

Please tick the relevant group (enclose the recent caste and income certificates)

General OBC SC ST Physically Challenged

Name of the Father :	
Occupation:	Annual Income:
Name of the Mother:	
Occupation:	Annual Income:

Residential Address: _____	
PIN.: <input type="text"/>	Ph: _____ Mobile No.: _____
E-mail: _____	

Permanent Address: (Address for Communication) _____	
PIN.: <input type="text"/>	Ph: _____ Mobile No.: _____

School last attended with full address :
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Marks Scored in 10th standard

	A	B	C	D	E
	Subjects Studied	Marks Scored	Total Marks	Percentage-%	Name of the Board with Reg. No.
1.					
2.					
3.					
4.					
5.					
6.					

Choose the language and combination.

Language

Kannada

Hindi

Sanskrit

Science

PCMB

PCMCs

PCME

Commerce

EBACs

HEBA

Arts

HESPsy

Extra curricular activities:

DECLARATION BY THE CANDIDATE

I.....Son/Daughter.....
declare that, the particulars furnished above are true to the best of my knowledge and belief and further, I affirm that I shall abide by the rules & regulations of the Institution, now in force and as amended or altered from time to time. I accept all decision of the authorities in all matters of training, conduct and discipline with no right to question any one of them in any court of Law, I hereby agree to remit all fees prescribed without default and in time.

Date :

Place :

Signature of the Candidate

DECLARATION BY THE PARENT

I.....Father/Mother/Guardian of
hereby declare that I have known the financial obligation of my ward and I can afford to pay all the costs and undertake to pay the tuition and other fees payable on time to the college as per the rules in force and which may be amended from time to time by the Management. I am aware that the fee paid to the college for admission will not be refunded in case he/she does not join the course, he/she discontinues the studies, he/she is expelled from the college for any reason, I also stand by the declaration given to the college by my ward.

Date :

Place :

Signature of the Parent/Guardian

Remarks:

OFFICE NOTE

Fee Rs.:

Receipt No.:

Date:

Dues:

Document Collected

Original Marks Card Migration Certificate

Transfer Certificate Eligibility Certificate

Others _____

Admission Incharge

Signature

(NAME IN BLOCK LETTERS)

Approved By

Signature

(PRINCIPAL / MANAGEMENT)