JYOTI NIVAS COLLEGE
AUTONOMOUS

Bangalore – 560 095

APPLICATION FORM FOR POST GRADUATE COURSES

1. **Application No:** P G

2. **Name of the Candidate:**

3.Name of the Father :

4.Name of the Mother :

5.Date of Birth : D D M M Y Y Y Y

5.1 Nationality: Indian ○ Foreign ○

Religion: Roman Catholic ○, Other Christian ○, Hindu ○, Muslim ○, Sikh ○, Jain ○, Buddhist ○, Others ○

Caste: S.C ○, S.T ○, B.T ○, OBC ○

Category: Cat I ○, Cat II A ○, Cat II B ○, Cat III(A) ○, Cat III(B) ○

6. PAST ACADEMIC CAREER**:**

Sl No	EXAM	Institution Name and Place	Year of Passing	Average Marks	Class Obtained
1.	SSLC				
2.	XII Class				
3.	I Degree				
4.	II Degree				
5.	III Degree				
6.	Other Course				

I B.A./B.Sc./B.Com			II B.A/B.Sc./B.Com			III B.A/B.Sc./B.Com			Overall percentage
Subjects	Max	Marks Secured	Subjects	Max	Marks Secured	Subjects	Max	Marks Secured	
Languages:									
Total									
Optionals:									
Total									

Application no: **P G**

7. Other:

T.C. Number

T.C. Date

D D M M Y Y Y Y

8. Institution Name

8.1 Place

8.2 University

8.3 Med. of instruction in Degree Course: English ○ Kannada ○ Hindi ○ Other ○

9. Income Category: Rs.10 Lakh & above ○ Rs.5 Lakh to Rs.10 Lakh ○ Rs.1 Lakh to 5 Lakh ○
Rs.50,001 to Rs1Lakh & above ○ Rs.25,001 to Rs.50,000 ○ Rs.10,001to 25,000 ○

10. Parents Present Address:

Flat/House No.

Building Name

Area /Location

P.O Box No

City

State

Country

Phone Number

11. Address for Communication:

Contact Person

Parent ⬭ Guardian ⬭

Relationship

Flat/House No

Building Name

Street Name

Area/Location

P.O Box No

City

State

Country

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Qualification occupation

12. Father's

13. Mother's

14. Guardians's

15. Mode Of Communication :

Email ID

Residence Phone

Office Phone

16.Blood Group : A+○ A- ○ B+ ○ B-○ AB+○ AB-○ O+○ O-○

Signature: _____ _____

Candidate Parent/Guardian

Date : Date:

For Office Use Only

Fees Paid _____ **Admitted into** _____

Certificates Due _____ **Language** _____

Date of Admission _____

PRINCIPAL