

Affiliated to Bangalore University & Recognized by Govt. of Karnataka

ENROLMENT FORM

Name: Mr. / Ms.	
Date of Birth:	Sex: Male Female
Qualifying Examination:	
Name of Father / Mother / Guardian: & Occupation:	
Nationality:	Indian NRI Foreign
If Foreign Please mention Nationality:	Passport No:
Address for Communication:	
Landline / Mobile Number:	
Email Id:	
AADHAAR Number of the stur (applicable only for Indian Natio	
Course Opted For:	
	nool Degree College through (Please Tick): TV Channel Counsellor Website Friends Referral Alumni
Specify:	