



APPLICATION FORM

ACADEMIC YEAR.....

Form Sr. No.

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Campus: # 3, Lingadheeranahalli, off Magadi Road, Bangalore - 560 091
Tel. +91-80-23245515 / 516 / 517 /518 Fax: +91 - 80 - 23245519

Admission Office: Cholanagar, R T Nagar Post, Bangalore - 560 032
Tel : +91 - 80 - 23530369 / 65666317 Fax: +91 - 80 - 23432525

Tick Whichever Is Applicable

Acharya's Bangalore B-School

Program Applied For : BBM BCA B.COM MBA PGDM(1yr) PGDM(Autonomous)

B.Sc. (Specify The Combination).....

M.SC. BIOTECHNOLOGY M.SC. APPLIED GENETICS

Acharya Institute Of Health Sciences

Program Applied For : BPT MPT B.SC. MLT B.SC.MED.IMAGING TECH MHA

Acharya College Of Nursing

Program Applied For : B.SC. NURSING M.SC. NURSING GNM

Applicant's Information

Name:
(Name as it appears in the academic records)

Nationality:..... Sex: Male Female Marital Status: Single Married

Date of Birth:
DD / MM / YEAR

Permanent Address of Applicant

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.....
.....

E-mail:.....

Mobile No.....

Telephone (STD Code):..... No

Address for Correspondence of Applicant

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.....
.....

E-mail:.....

Mobile No.....

Telephone (STD Code):..... No

Parent / Guardian Information

Name of the Parent / Guardian:

Occupation of the Parent / Guardian:.....

Annual Income:

Address of the Parent / Guardian

.....
.....
.....

E-mail:.....

Mobile No.....

Telephone (STD Code):..... No

Address of Local Guardian

.....
.....
.....

E-mail:.....

Mobile No.....

Telephone (STD Code):..... No

Category

Whether the candidate belongs to SC/ST or BC/BT Yes No (Enclose copy of certificate if Yes)

Whether the candidate has is NRI/Foreign National: Yes No (Enclose Passport copy if Yes)

Educational Qualification Beginning from the latest qualifying Examination passed/ year of passing	Name of Board or University	Name of the College Studied	Subjects Studied	Total Marks Scored	Max Marks	%

Details of copies enclosed: Tick the relevant boxes

Degree Marks Cards (For P.G.Course) Marks Cards of 10+2 or any other equivalent exam
 10th Std. Certificate Transfer Certificate Conduct Certificate Migration Certificate
 Provisional Degree / Degree Certificate Caste Certificate Any others
 (wherever applicable)

Languages studied:

First Language Second Language

Declaration by the candidate

I declare that the above information is true and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

Declaration by the Parent / Guardian

I hereby declare that I have known the financial obligation of my ward and I can afford to pay all the costs and I undertake to pay the tuition and other fees payable to the College under the rules in force & which may be framed from time to time by the Management. I have read all the rules and conditions my ward has to follow and agree to the applicant's admission to your institution. I shall be responsible for his / her good conduct, attendance and discipline during the period of his / her stay in the College. I understand that promotion / admission to the next higher class is not automatic. I assure that my ward will not indulge in any act which will tarnish the image of the College. If he / she does so, he / she may be expelled from the College. I will not have any claim whatsoever for the refund of fees, if my ward leaves the College on his / her own will or expelled by the College for breach of conduct, disciplinary rules of the College. I am aware and agree to comply with the admission cancellation formalities of the college, as in force, in case of discontinuation / withdrawal of admission anytime during the course period.

I stand by the admission / approval rules of the concerned University and stand to oblige by it and its regulations. I also stand by the declaration given by my son / daughter to the College.

Place:

Signature of the Parent / Guardian

Date:

Name:

Declaration by the student

To
The Principal

.....
Bangalore.

I, have read the Rules and
Conditions for my admission into

1. I do hereby promise that I will not :
 - a) Cause any damage to any property of the College and Hostel such as Benches, Switchboards, Furniture, Laboratory equipment, Sports equipment etc., any public property in the vicinity of the College or elsewhere.
 - b) Deface the Desks, Benches, Chairs, Walls of the Hostel / Class-Rooms, Blackboards, Toilets, Walls of the college etc., with any writing whatsoever.
2. I will regularly attend all my classes throughout the year and I will maintain a minimum of 85% of attendance as per the rule. If for any unforeseen reason I am not able to attend the classes for a long time without prior intimation to the Director, I shall submit a valid explanation at the earliest and shall accept the Principal's decision as final in this regard.
3. I will appear for all the tests and examinations conducted by the College / University, without fail.
4. I will abide by the approval norms of the concerned University / Board to which the institution is affiliated. I shall not claim any kind of responsibility on part of the institution, regarding any kind of problems arising out of my eligibility / admission approval by the University.
5. I will submit all the assignments, project work, etc., in time for the purpose of continuous evaluation. I shall make an earnest attempt to achieve academic improvement in all the subjects throughout the year.
6. I shall keep up the good name of the College in all my thoughts, behaviour and action.
7. I will be fully committed to my studies and will maintain absolute silence in the classes and shall not disturb any class by indulging in talks or moving in and out of classrooms when classes are in progress.
8. I shall not indulge in ragging or in any other kind of misbehaviour.
9. I shall implicitly accept the decision of the Management as final in all matters of discipline.
10. I will not use any obscene or unparliamentary language anywhere, especially with teaching staff or any college employees, whom I shall respect.

Place:

Date:

Student's Signature

Declaration by the Parent / Guardian

I have read all the above rules and conditions my ward has to follow and agree to the applicant's admission to First Year Class. I shall be responsible for his / her good conduct, attendance and discipline during the period of his / her stay in the College. I understand that promotion / admission to the next higher class is not automatic. I assure that my ward will not indulge in any act which will tarnish the image of the College. If he / she does so, he / she may be expelled from the College. I will not have any claim whatsoever for the refund of fees, if my ward leaves the College on his / her own will or expelled by the College for breach of conduct, discipline or rules of the College. I'm aware and agree to comply with the admission cancellation formalities of the institution ,as in force, in case of discontinuation or withdrawal of admission anytime during the study period.

Place:

Date:

Signature of the Parent / Guardian

Name:

For Office Use Only

Admitted to.....

Admission No..... Fee Paid Rs.....

Receipt No..... Date of Admission.....

Remarks.....

Original Certificates Submitted

Original Certificates Due

1.....

1.....

2.....

2.....

3.....

3.....

4.....

4.....

5.....

5.....

6.....

6.....

Signature of the Principal

Acharya Residency

Office: Cholanagar, R T Nagar Post, Bangalore - 560 032
Ph: +91-80-23530369

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Hostel Room No.

Application Form for Admission to Hostel

Name:

(Name as it appears in the academic records)

Age: Sex: Male Female Marital status: Married Single

Date of Birth:

DD / MM / YEAR

Course: Year of Study Date of Admission to hostel

Name of the Parent / Guardian:

Address

Mobile No. Telephone / STD(Code):

Email ID. Fax:

Name of the Local Guardian:

Address of the Local Guardian:

e-mail: Phone: Fax: Mobile:

City: State: PIN Code

Affix Local
Guardian's
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Affix Local
Guardian's
photograph
here

Whether the candidate had stayed in Hostel before Yes No

Whether the candidate has any medical history of ailments: Yes No
(If yes, please attach medical certificates)

Declaration by the Student

I, have read the rules and conditions for my admission into Acharya Residency.

1. I do hereby promise:

- a) That I will not cause any damage to any property of the Hostel such as Benches, Switchboards, Furniture, Sports equipment etc. and any public property in the vicinity of the Hostel or elsewhere.
 - b) That I will not deface the Desks, Benches, Chairs, Walls of the Hostel, Toilets, with any writing whatsoever.
2. I shall keep up the good name of the College in all my thoughts, behaviour and action.
 3. I will be fully committed to my studies and will maintain absolute discipline in the Hostel and shall not disturb any other hostel-ite by indulging in talks or moving in and out of hostel rooms during study hours. I shall report to hostel well within the given time and not stay outside without any prior permission from the authorities.
 4. I shall not indulge in ragging or in any other kind of misbehaviour.
 5. I shall implicitly accept the decision of the Management as final in all matters of discipline.
 6. I will not use any obscene or unparliamentary language anywhere.
 7. I will not leave the hostel without prior permission of the Warden and the concerned authorities.
 8. I shall not hold the management or any of its employees responsible for any accidents/injuries/mishaps, occurring within or outside the hostel premises.
 9. I shall comply with all the rules and regulations set by the hostel authorities from time to time.
 10. I shall limit the usage of mobile phones as per the rules in force and shall agree to surrender the mobile phone , if found violating the governing rules of the hostel.

Place:

Date:

Student's Signature

Declaration by the Parent / Guardian

I assure that my ward will abide by the rules and regulations of the Hostel. I have no objection if my ward is rusticated from the Hostel for violating the rules.

Place:

Date:

Signature of the Parent / Guardian

Name:



MEDICAL CERTIFICATE

Name of the Student:

Course:

Date of admission to College:

This is to certify that Mr. / Ms.

S/o. / D/o. aged years has been examined by me.

He / She is suffering / not suffering from a chronic disease which requires constant and timely medication.

He / She is medically fit / unfit to seek admission for any course. (Comment in case of any illness / infirmity).

His / Her Blood Group :

Place: Signature

Date: Designation & Reg. No. of the Medical Officer

(Candidate to be examined by a Registered Medical Practitioner)