

No. 22, Krishnarajapura Village, Shivakote Post Hesaraghatta Hobli, Bengaluru North - 560089 **Phone:** 1800 833 2526 | 080 2217 8431 | +91 8884 30 3054

## **Application for Admission to Pre-University (PUC)**

INSTRUCTIONS							
1. Use only BLACK/BLUE Pe	en to fill the details.						
2. Do not over write.							
3. Do not bend/fold the f	Affix your recent passport size photo here.						
Name of the Applicant (In BLC	OCK LETTERS as per SSLC/HSC/C	BSE/ICSE/KOS/NIOS)					
Date of Birth	(DD/MM/YY)	Gender () Male () Female					
Place of Birth							
Blood Group	Mother Tor	ngue					
Nationality	Religion						
,	Tel. Number	Email ID					
Father's Name	Tel. Number						
Father's Name		Email ID					
Father's Name  Mother's Name  Gaurdian's Name	Tel. Number	Email ID					
Father's Name  Mother's Name  Gaurdian's Name  Student Name	Tel. Number	Email ID  Email ID  Email ID					
Father's Name  Mother's Name  Gaurdian's Name  Student Name	Tel. Number  Tel. Number  Tel. Number  ardian	Email ID  Email ID  Email ID					

City \_\_\_\_\_ Pin Code \_\_\_\_

Year	S	SATS Number			Result with Class	
Second Language o	ffered in the	qualifying Exc	amination			
Medium of instruction	on					
MARKS IN THE QUALI	FYING EXAM	INATION:				
Board/Authority	Year		Subject	Max. Marks	Marks Secured	
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				
Interested for Comp		ching RCE: EBACs/EI	Yes  BAS/EBABm	No 🗆		
Interested for CA foundation program			Yes	No 🗌		
Language selected under Part I			Kannada 🗌	Hindi 🗌		
Application fee paid			Yes	No 🗆		
In case the applicat hrough Cash/Online		n downloaded	from the website	a sum of Rs. 200/	- should be sen	
Hostel facility required			Yes	No 🗌		
Transport facility			Yes	No 🗌		
		DECLA	RATION			
shall abide by all ru	les of the co	llege and the	Dept. of P.U.E., Bar	ngalore.		
Place:						
. 1400.						

## **DECLARATION**

I shall be responsible for timely payment of fees and good behaviour of my ward at NSAM

Pre-University College.

Place: \_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_ Signature of the Parent/Gaurdian

OFFICE USE ONLY

FEES

Amount Rs. \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_
Receipt No. \_\_\_\_\_\_\_

Signature of the Admission Incharge

Admission is subject to submission of all certificates and approval from the Board of Pre-University Education.

Place: \_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_ Signature of the Principal