

# R R Institutions

Rajareddy Layout, Chikkabanavara, Bangalore - 560 090.

PHD | ENGINEERING | ARCHITECTURE | NURSING | PHARMACY | MBA ALLIED HEALTH SCIENCES | POLYTECHNIC | EDUCATION | DEGREE | PUC

Academic Year	College

Colle<mark>ge</mark> Admissi<mark>on Number: \_\_\_\_\_</mark>

#### **APPLICATION FORM**

Name o	of Student (In Block Letters):
Student	t Mobile No:
Student	t E- Mail ID:

Recent Passport Size Photo

#### **COURSE APPLIED FOR:**

# Engineering – BE/ B. Tech



- □ Civil Engineering
- □ Computer Science & Engg.
- ☐ Electronics & Communication Engg.
- ☐ Electrical & Electronics Engg.
- ☐ Information Science & Engg.
- ☐ Mechanical Engg.
- □ Ph.D

#### **Architecture**



□ B.Arch

#### **Pharmacy**



- ☐ Diploma in Pharmacy
- ☐ Bachelor's in pharmacy
- ☐ Doctorate in Pharmacy
- ☐ Post Baccalaureate
- ☐ M. Pharm
- □ Ph.D.

#### **Polytechnic**



- □ Civil Engineering
- □ Computer Science & Engg.
- ☐ Electronics & Communication Engg.
- ☐ Electrical & Electronics Engg.
- □ Mechanical Engg.

#### Education



- □ B.Ed.
- □ Pre- University

#### Nursing



- □ GNM □ B.Sc. □ PBBSc.
- □ M.Sc.
- □ Pediatric
- ☐ Medical Surgical
- □ Community
- ☐ Psyciatry
- □ OBG
- □ Ph.D.

#### Management



- □ M.B.A
- □ B.C. A
- ☐ B. Com Tourism
- □ BBA Aviation
- ☐ B.Sc. Criminology
- ☐ B.A. Forensic Science

#### **Medical Health Science**



- B.Sc. in
- ☐ Perfusion Technology
- □ Optometry
- ☐ Operation Theatre Technology
- ☐ Radiology & Imaging Technology
- □ Cardiac Care
- □ Anaesthesia
- ☐ Anaesthesia & OTT
- ☐ Renal Dialysis



Date of Birth:/_/ Sex: N	/I/F Caste:	Blood Group
Nationality:	Nationality Citizen	ship / Aadha <mark>r N</mark> o:
Passport Number if Foreign Nat	ional/NRI(If yes end	closed passp <mark>ort</mark> copy)
Father Name:		Mobile Number:
Mother Name:	Mo	bbile Number:
Permanent Address:		Address for Correspondence of Applicant (If different fro Permanent address)
Entrance Test Details: Examina	tion:	Rank:
Qualifying Examination Passed:		Percentage/ Marks Reg. No
Hostel	Yes No	
If yes: Sharing F	Food:Required	Not Required
Local Guardian Name (if any): (Only local guardian will be allowed to meet the student or any correspondent of the student of		
		Relation with Students: Telephone No:
		Email ID:  Aadhar No:

### **DECLARATION BY THE STUDENT**

To, The	Principal (Specify the Name of Institution Applied for Admissions)					
Raja	a Reddy Layout, Chikkabanavara, Bangalore-560090					
I	have read the following rules, terms & conditions of					
my a	admission in to and I shall abide the same.					
1. 2.	I pledge that all the information provided by me is true to the best of knowledge.  I do hereby undertake that I will not cause any damage or deface any property of the college as well as hostel.					
3.	3. I will regularly attend all my classes throughout the course, and I will maintain minimum 85 percentage of total attendance every semester or year as per the rules of the affiliated					
4.						
5.						
6.	, 5					
7.						
8.	I shall not indulge in bad habit like, smoking, consuming alcohol or consumption of narcotic drugs.					
9.	I will abide by the decisions of the competent authority of the management in all discipline related matters of the college.					
Plac	ce:					
Date	e: Signature of the Student					
DECLARATION BY THE PARENT/GUARDIAN						
I have read the above-mentioned rules & regulations of the college my ward has to follow and abide for the admission to the course. I am agreeing to the same and I shall be responsible for his/her good conduct, attendance or any other matters during the period of my ward's stay in the college. I acknowledge that, promotion or admission to higher class is possible only when my ward qualifies in certain entitling parameters set by the University as well as the College.						
I nle	I pledge that all the information provided by my ward is true to the best of knowledge. I take complete					

I pledge that all the information provided by my ward is true to the best of knowledge. I take complete responsibility to abide by the policies, rules, regulations & disciplinary measures of the Institutions. In case of non-conformation of the same by my ward I shall accept the decisions of the management as final and ultimate. I shall confirm that, in case of my ward's discontinuation from the course for any reason, I shall forgo the entire fees amount including deposit amount paid to the Institution and shall not claim any reimbursement from the Institution or College.

reason, I shall forgo the entire fees amount not claim any reimbursement from the Institu	including deposit amount paid to the Institution
	Signature of the Parent/Guardian
Place:	Contact No:
Date:	Email ID:

## Documents Required: (Originals along with three sets of xerox copies)

Particulars	Originals Submitted	2 sets Xerox Submitted	Received by
SSLC / SSC / 10th Marks Sheet			
II PUC / 10+2 / PDC Marks Sheet			
Transfer Certificate (issued from institution last studied)			
Conduct Certificate (issued from institution last studied)			
Migration Certificate (issued from institution last studied)			
8 Recent Passport size Color Photograph			
Nationality Certificate-Aadhaar (Indian)/ Passport/Nagarik (Nepali)			
Student Passport & Visa (for foreign nationals)			
Degree Certificate & Marks Sheet (for post-graduation studies & B.Ed.)			
KEA Allotment letter with fee paid receipts (for Karnataka Students)			
Diploma Certificate / Marks Sheet (for lateral entry students and Pc BSc.,)			
Others			

# For office use only

#### Fee Details :

Description	1 <sup>st</sup> Year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year	5 <sup>th</sup> Year	6 <sup>th</sup> Year
Total Fee						

Admitted by	Verified by	Entered by	Approved by
Code:			
	Name:	Name:	Name:
Name:			
	Sign :	Sign :	Sign :
Mobile:			

























