

## **VIJETHA INSTITUTE**

## Govt. Regd. No.681

## **APPLICATION FOR ADMISSION**

| Course   |          |   | rse Code                 |            |        |                 | Application No. |  |                     |                                   |
|--|----------|---|--------------------------|------------|--------|-----------------|-----------------|--|---------------------|-----------------------------------|
| Subject  |          | dium :                                  |                          |            |        | Enrolment No.   |                 |  | For Office use only |                                   |
|  |          |   |                          |            |        |                 |                 |  |                     |                                   |
| Registration / Course Fees                               |          |   | Address                  |            |        |                 |                 |  |                     |                                   |
| D.D.No. :  |          |   |                          |            |        |                 |                 |  |                     | y of the photo-                   |
| Challan :  |          |   |                          |            |        |                 |                 | graph in the size of 5 cm x 7 cm duly signed |                     |                                   |
| Date :   |          |   |                          |            |        |                 |                 |  |                     | Applicant at the he photo and at- |
| Amount Rs. :   |          |   |                          |            |        |                 |                 | test   | ted                 | by a gazetted                     |
| Bank :   |          |   |                          |            |        |                 |                 |  |                     | at the bottom to<br>sted here     |
| Place :  |          | ı                                       | PINCOD                   | E:[        |        |                 |                 | ·  |                     |                                   |
| Name of the apport or iginal certification in BLOCK LETT | te       | In Eng                                  | lish                     |            |        |                 |                 |  |                     |                                   |
|  |          |   | ate Mon                  |            | n Year |                 | 3. Sex (tick)   |  | )                   | 4. Mother tounge                  |
| 2. Date of Birth   |          |   |                          |            |        | Male<br>Female  |                 |  |                     |                                   |
| 5. Nationality 6. Community                              |          | (Tick)                                  | (Tick) 7. Physically Han |            |        | dicapped (Tick) |                 |  |                     | 8. Occupation                     |
| SC/ST/MBC/BC/O   |          |   | A) Blind B) Deaf C) Dumb |            |        |                 |                 |  |                     |                                   |
| 9. Part - 1 L  | 4. / B.S | Sc 10. Elective Subjects Area for M.B.A |                          |            |        |                 |                 |  | a for M.B.A         |                                   |
|  |          |   |                          |            |        |                 |                 |  |                     |                                   |
| Father's Name :  |          |   |                          |            |        |                 |                 |  |                     |                                   |
| Mother's Name :  |          |   |                          |            |        |                 |                 |  |                     |                                   |
| Mobile No. :   |          |   |                          | Email ID : |        |                 |                 |  |                     |                                   |

| - Examination           |                      | er to the eligibility requi                           |            |                     | osen)         |                           |
|-------------------------|----------------------|---|------------|---------------------|---------------|---------------------------|
| Name of the Examination | Subject              | Name of the<br>Board / University                     | Reg.No.    | Month &<br>Year     | Marks         | Class                     |
|                         |                      |   |            |                     |               |                           |
|                         |                      |   |            |                     |               |                           |
|                         |                      |   |            |                     |               |                           |
|                         |                      |   |            |                     |               |                           |
| <br>The following or    | <br>iginal certifica | tes and xerox copies ar                               | e enclosed | <br>, if Original s | ubmitted spec | ify <b>"Original"</b>     |
| )                       |                      |   |            |                     |               |                           |
| 2)                      |                      |   |            |                     |               |                           |
| 3)                      |                      |   |            |                     |               |                           |
|                         |                      | particulars given abov<br>and that I will, if admitte |            |                     |               | derstood the im-          |
| Station :               |                      |   |            |                     |               | Signature of the Applican |
| Date :                  |                      |   |            |                     |               |                           |
|                         |                      |   |            |                     |               |                           |
|                         |                      |   |            |                     |               | Principa                  |
|                         |                      |   |            |                     |               |                           |
|                         |                      | <u>FOR OFFIC</u>                                      | EE USE O   | <u>NLY</u>          |               |                           |
| ASSISTANT               |                      | SUPERIN   | JTENDEN    | VТ                  | DIR)          | ECTOR                     |
| 400101A111              |                      |   |            |                     |               | LCTOR                     |
|                         | Bato                 | ch Alloted :  |            |                     | <del></del>   |                           |
| Academic Yea            | ar C                 | Calenday Year   | Yes        | ar of Admis         | ssion         |                           |