



SHUSHURITI GROUP OF INSTITUTION

Recognised by Govt. of Karnataka Govt. of India

Affiliated to Bangalore University & Approved by N.C.T.E, A.I.C.T.E, K.N.C, I.N.C

No. 68, Shushruti Nagar, Andrahalli Main Road, Peenya 2nd Stage, Bangalore-560 091

APPLICATION FORM

AFFIX
STAMP SIZE

DO NOT
STAPLE

SELECT PROGRAM

B.Sc PB B.Sc GNM

PERSONAL DATA

Name of the Candidate

Mr. Mrs. Ms.

Name of Applicant:

Gender M F Date of Birth

Marital Status

Caste SC ST OBC General

Religion _____ Nationality _____ Place of Birth _____

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Contact Number _____ Contact Number _____

Medical Disability (if any) _____ Blood Group _____

ADDRESS

Address

City

State

Pin

Phone

Mobile

Primary E-mail id _____ Alternate E-mail id _____

ACADEMIC RECORD

Examination Passed	Marks (%)	Month & Year	Stream	Institution	Board / University
X					
XII					
Graduation					

Note : If appearing for the final year / Final Semester examination, then please mention the month and year of the examination

Month:

Year:

WORK EXPERIENCE

Organization	Designation	From (mm / yyyy)	To (mm / yyyy)

Do you have Passport Y N If yes please give the following details

Passport No: _____ Year of expiry: _____ issued at: _____

DECLARATION

I / We pledge that all information provided herewith is true to the best of our knowledge, I / We fully agree to abide by all the policies, rules and regulations of the institution framed from time to time and in case non-compliance would accept the verdict of the institution as the final. I / We also understand and accept that in case of discontinuation of the course for any reason/s. I / We shall forego the entire fee including deposits paid to the institution and not claim any reimbursement or compensation.

Signature of Parent / Guardian

Signature of the Applicant

Date :

Place :