

SL. No. :



PHOTO

RAJADHANI PU & DEGREE COLLEGE

No. 8, ITI Industrial Estate, Near Corporation Bank, Mahadevapura (P), Whitefield Main Road, Bengaluru - 560 048.
Ph. : 080-28531770 / 9243470110 / 9341234396, Email admission@rajadhanicollege.org, Website : www.rajadhanicollege.com

NAME OF THE COURSE FOR WHICH ADMISSION IS SOUGHT _____

| PERSONAL INFORMATION | |
|--|--|
| Name of the Student (in Capital Letters) | |
| Cell Phone No. of the Student | |
| Email ID of the Student | |
| Date of Birth | |
| Age as on the Date of Application | |
| Gender | |
| Blood Group | |
| Mother Tongue | |
| Nationality | |
| Category | <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OTHERS : |
| Permanent Address with pin code | |
| Current Address with pin code | |

| DETAILS OF THE PARENTS | Father | Mother |
|--|---------------|---------------|
| Name | | |
| Cell Phone No. | | |
| Email ID | | |
| Education | | |
| Occupation | | |
| Monthly Income | | |
| In Case of Outstation Students give, Name, Address and Contact Details of Local Guardian if any: | | |

| EDUCATIONAL QUALIFICATION (10th Standard onwards) | | | | |
|---|-------------------------------------|-------------------------------------|----------------------------|----------------------------|
| Name of the Course | Name of the School / College | Name of the Subjects Studied | Medium of Education | Percentage of Marks |
| | | | | |
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The above information is true and correct to the best of my knowledge and belief. If any information is found to be false, my admission is liable to be cancelled without notice. I am aware of the rules and regulations of your college and agree to abide by them

SIGNATURE OF THE STUDENT

SIGNATURE OF THE PARENT/ GUARDIAN

Place :

Date :

FOR OFFICE USE

Recommendation of the Admission Counsellor :

Signature of the Admission Counsellor :

Decision of the Principal :

Signature of the Principal :