



Form No: R/PP02/01c
Rev. No.: 01
Ph: 08257 : 231141, 230241 (O)

K. V. G. COLLEGE OF ENGINEERING

SULLIA – 574 327, D.K., KARNATAKA

[SPONSORED BY THE ACADEMY OF LIBERAL EDUCATION (Regd.) SULLIA, D.K]
AFFILIATED TO VISVESVARAYA TECHNOLOGICAL UNIVERSITY & RECOGNIZED BY GOVT. OF KARNATAKA
APPROVED BY ALL INDIA COUNCIL FOR TECHNICAL EDUCATION, NEW DELHI

FOR OFFICE USE ONLY

The applicant has been given provisional admission

Name : _____

Course : _____

Receipt No.: _____ Date _____

ACCOUNTANT

OFFICE SUPERINTENDENT

PRINCIPAL

APPLICATION FOR ADMISSION TO MBA/M-Tech PROGRAMME

Affix a Passport
Size Photograph

To

THE PRINCIPAL
K.V.G. COLLEGE OF ENGINEERING
SULLIA, DAKSHINA KANNADA
KARNATAKA STATE, INDIA – 574327.

PGCET No.: _____ RANK No.: _____

CATEGORY : _____
(PGCET / MGT)

1. Name of the candidate in full (IN BLOCK LETTERS)							
2. Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	3. Blood Group	<input type="text"/>			
4. Father's Name (IN BLOCK LETTERS)							
5. Name of the guardian and relationship if the father is not alive							
6. Permanent address (IN BLOCK LETTERS)	PIN : Dist : State :						
7. Contact address (IN BLOCK LETTERS)	PIN : Dist : State :						
8. Group	SC	ST	I	IIA	IIB	IIIA	IIIB

9. Email address																	
10. Contact Telephone No.	STD Code: _____ Ph. No: _____																
Parents	Mob: _____																
Student	STD Code: _____ Ph. No: _____																
	Mob: _____																
11. Religion																	
12. Caste																	
13. Sub-Caste																	
14. Occupation of father/guardian																	
15. Annual Income of father / guardian																	
16. i) Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
ii) Place of Birth: _____	iii) Mother – tongue: _____																
17. EDUCATIONAL QUALIFICATION																	
18. Address of College where you studied last.																	

19. a) University _____

b) University Seat No. _____

20. Qualification Details:

Sl. No	Particular of examination passed	Maximum Marks	Marks obtained	Month & year of passing	Remarks
1.	I Year / I Semester			<input type="text"/>	
	II Semester			<input type="text"/>	
2.	II Year / III Semester			<input type="text"/>	
	IV Semester			<input type="text"/>	
3.	III Year / V Semester			<input type="text"/>	
	VI Semester			<input type="text"/>	
4.	IV Year / VII Semester			<input type="text"/>	
	VIII Semester			<input type="text"/>	
	TOTAL :				% Marks

21. DETAILS OF SERVICES

Name of the organization	Designation	Period		Experience	
		From	To	In year	

Place:

Date:

Signature of the Applicant