

Seshadripuram Educational Trust

SESHADRIPURAM DEGREE COLLEGE

#25, Hebbal Ring Road, Mysuru - 17, Mob: 96119 81858

Application For Admission To Under Graduate Course

App. No			Admsn. No
1. Course Applied for		Physical Condition	
2. First Language	Blo	ood Group	Affix Recent
3. Full Name			Passport Size
4. Place of Birth	Date of Bir	th	Photograph
5. Age Gender	Mother Tongue		
6. Caste Category	Religion		
7. Nationality 8. Aa	adhaar Number		
9. Father Name		Qualification	Age
Occupation	Annual In	come	Mob No.
10. Mother Name		Qualification	Age
Occupation	Annual Inc	come	Mob No.
11. Guardian Name		Qualification	Age
Occupation	Annual Inc	ome	Mob No.
Address Details Permanent Addr	ress	Pre	esent Address
Pincode		Pincode	
House No. & Building Name		House No. & Building	Name
Road Name, Area, Colony		Road Name, Area, Col	ony
City State		City	State
Hobbies / Interests / Co-curricular / Spo	rts / any other :	1	
Interested to Join National Service Schen			
Particulars of Qualifying Examination :			lo
Name of Previous Institution & Place : _			
Month & Year of Passing :			
No. of Attempts :	Student Belongs	to:	

Marks Details	6			Ma	rks Secured		Total Percentage / CGPA
_	1.						
Languages :	2.						
	3.						
			_				
Subjects:	4.		_				
	5.					_	
	6.						
		Total	:				
Are the follo	wing end	closed (Yes / No / NA	r)				
Enclosu	ıres			Origii	ıal		Photocopy
1. Markscai	d(X / SS	SLC)					
2. Markscai	d(XII / I	PUC)					
3. Transfer	Certifica	ate					
4. Migration	ı Certific	cate					
5. Caste Cer	tificate						
6. Eligibility	y Certific	cate (If Applicable)					
7. Any Othe	r						
regular atter	idance ai		ons prescr in from pi	ibed by t ractising	ragging or indu	lging in	ty Of Mysore and maintain agitations.
Mysuru							
-	e:					Si	ignature of the Student
		DECLA	RATION	BY PARI	ENT / GUARDIA	\N	
his / her fees of stay in coll	, dues or ege.		shall ensu	re his / h	er good conduc	t and be	ole for the payment of all haviour during the period
Mysuru							
Date & Time	e:				Sig	nature	of the Parent / Guardian
_		on Committee					
Course :							
Date :	Sign	ature of the Admissi	on Coord	inator	Date:		PRINCIPAL



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Student Bank Details

Account Number :					
Branch Name :					
IFSC Code:					
		Affix Rec Passport Photogra	Size		
declare that the informat	tion furnished	DECLARATI I is true and co		best of my	knowledge
Signature of the Stud	ont		I of t	humb Imp	rossion