

# ADMISSION APPLICATION FORM



## ST. NORBERT COLLEGE

(Affiliatedto Bangalore North University)

Yuvaseva Educational Trust

Convent Road, St. Thomas Town Post

Kammanahalli, Bangalore- 560084

Phone-

**Application Number:**

### Important Instructions

1. Please fill in **Block Letters** only. Write within the space provided only.
2. Please use only ballpoint pens with **Black** ink or **Blue** ink only.
3. Wherever options are provided tick (3) only 1 appropriate option unless mentioned otherwise.
4. All fields marked with **\*** are compulsory.
5. All Document Enclosures (Page 5), unless mentioned as “Original”, copies can be self-attested.
6. Failure to abide by instructions given here either in part or full will lead to rejection of application form without communication.

### If any information is found to be false at any given point of time, St. Norbert College reserve the right to cancel admission and/or cancel certification issued, whichever is applicable.

**SECTION 1**

### Personal Details

|  |  |  |
| --- | --- | --- |
| 1. | Title\* | Mr./ Ms. |
| 2. | First Name\* |  |
| Middle Name |  |
| Last Name\* |  |
|  |  | *\* Please write the name as you require on the certificate* |
| 3. | Date of Birth\*  (DD / MM / YYYY) |  |
| Age\* |  |

### SECTION 2

**Course Details**

|  |  |  |
| --- | --- | --- |
| 1. | Course Name\* |  |
| 2. | Course Duration\* |  |
| 5. | Academic Year\* |  |

### SECTION 3

**Additional Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Gender\* | Male / Female / Others | |
| 2. | Category\* | SC/ST/OBC/GEN/Other | |
| 3. | PWD ( Person with Disability)\* | Yes/ No | |
| If Yes, please select options (multiple selections allowed) | OH/HH/VH/Other | |
| Additional information (Eg. handedness, colorblindness) |  | |
| 4. | Blood Group | A+/A-/B+/B-/O+/O-/AB+/AB- | |
| 5. | Mobile No.\* | 0091 |  |
| 6. | E-mail |  | |
| 7. | Have you had a name change before?\* | Yes / No | |
| If yes, previous name details |  | |
| First Name |  | |
| Middle Name |  | |
| Last Name |  | |

### SECTION 4

**Family Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Marital Status\* | Single / Married / Widowed / Separated / Divorced | |
| If Married, spouse details |  | |
| Title | Mr./ Ms. | |
| First Name |  | |
| Middle Name |  | |
| Last Name |  | |
| 2. | Details of Mother |  | |
| Surviving | Yes/No | |
| Title | Mr./ Ms. | |
| First Name |  | |
| Middle Name |  | |
| Last Name |  | |
| Mobile number | 0091 |  |
| 3. | Details of Father\* |  | |
| Surviving\* | Yes/No | |
| Title\* | Mr./ Ms. | |
| First Name\* |  | |
| Middle Name |  | |
| Last Name\* |  | |
| Mobile No.\* | 0091 | |
| 4. | Number of Surviving Siblings |  | |
| 5. | Annual Family Income\* | Rs. | |
| 6. | State of Original Domicile\* |  | |
| 7. | Address:\* |  | |
| Plot No., Building Name\* |  | |
| Street, Locality,\* |  | |
| State\* |  | |
| District\* |  | |
| Village/Town/City |  | |
| Closest India Post Office\* |  | |

|  |  |  |
| --- | --- | --- |
|  | Pin Code\* |  |

### SECTION 5

**Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Title\* | Mr./ Ms. | |
| 2. | First Name\* |  | |
| Middle Name |  | |
| Last Name\* |  | |
| 3. | Relationship\* | Father / Mother / Brother / Sister / Grandparent / Uncle / Aunt / Neighbour at native | |
| 4. | Language Spoken by the Person\* |  | |
| 5. | Mobile No.\* | 0091 |  |

### SECTION 6

**Qualification\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| . | | | | | | | |
| For the highest qualification declared, kindly fill the details in the following table and enclose both Pass Certificate and Cumulative Marksheet\* | | | | | | | |
| **Name of Examination** | **Specialisation (if any)** | **Duration of study (in years)** | **Board/university** | **Name of Institution attended** | **Batch (Year)** | **Subjects undertaken** | **Total marks obtained/total marks achievable** |
|  |  |  |  |  |  |  |  |

## SECTION 7

**Languages Known**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Speak** | **Read** | **Write** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### SECTION 8

**Tick the appropriate option**

# Documents Enclosures

|  |  |  |
| --- | --- | --- |
| **Sr.**  **No.** | **Particulars** |  |
| 1 | Attested copy of the latest qualification (Marksheet and Certificate)  ***Note: Electronic copy is not acceptable\**** | Self attested |
| 2 | Declaration signed by the applicant | Original |
| 3 | Government issued photo identity proof  ( Permanent Account Number (PAN) card /Driving  License/ Passport/Aadhar/Voter ID/ Ration Card with photo of Self ) | Self attested |
| 4 | Income Certificate | Self attested |
| 5 | Proof of disability ( If applicable) | Self attested |
| 6 | Caste certificate ( If applicable) | Self attested |
| 7 | Leaving / Transfer certificate ( If applicable) | Self attested |
| 8 | Name change certificate ( If applicable) | Self attested |
| 9 | Conduct certificate | Original |
| 10 | Photos | Passport Size  3 nos |
| Note : Timely & correct documents submission (to the institution) during admission process is amust. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Office use only** | | | | | |
| **Date of receipt** | **Verified by** | **Batch allotted** | **Fee paid** | **Concession & Scholarship** | **signature with date and seal** |
|  |  |  |  |  |  |

### SECTION 9

**DECLARATION BY THE APPLICANT\***

I, , hereby certify that the information pro- vided in the “Admission Application Form” is complete and accurate. I have not been disqualified by any university or other institution from appearing for any examination or from seeking admission for any course of study. Further, I agree that the Institute has the right to cancel my admission and /or withdraw the Certification awarded to me if the Institute finds that the information in this application is incorrect and/or misleading at any point of time. I also agree that on being admitted, I shall abide by the rules of attendance requirements, discipline, conduct etc of the Institute and any modification to the rules, as may be made from time to time, after my admission. I hereby state that the Institute has the right to verify the certificates/information provided by me, in any case howsoever, if any certificate provided is declared invalid upon verification then the Institute shall have the right to cancel my admission forthwith.

I understand and guarantee that I will not pursue two degree courses simultaneously under regular and/or vocational modes. I would have to seek permission of the college for undergoing any simultaneous course along with the regular course.

I understand that a minimum of 75% attendance is mandatory in each subject of the course, including theory and practical in each semester. I also understand that non-compliance to the attendance requirement will lead to ineligibility for the end-semester examination.

I undertake that I will not be involved in any unfair practices, misconduct, illegal activities or any act unbecoming of a student during the course.

This is also to confirm that I am enrolling as an individual and I am solely responsible for paying of fees on time as per the deadlines.

I understand that the college has the right not to permit me to appear for examination or keep my result on hold if I have not paid my fees.

I am hereby submitting photocopies of my education documents (Marksheet & Certificate) to confirm the admission requirements for the program. I hereby give consent to St. Norbert College to verify these details directly or through its authorized service providers.

I fully understand that in the event of any discrepancy and non-compliance to the above mentioned, the institute has the right to cancel my admission. In this case I will not get the fee refund

I have fully read the fee refund policy attached in Section 11

Place:

Date: Signature of the Applicant