



# SRINIVAS GROUP OF COLLEGES

Hotel Srinivas, GHS Road, Mangalore-575 001, Karnataka, India  
Tel: +91-824-2425966, 2421566, website: [www.srinivasgroup.com](http://www.srinivasgroup.com)  
email:- [info@srinivasgroup.com](mailto:info@srinivasgroup.com)

## APPLICATION FOR ENROLLMENT

(For the Academic Year 20 -20 )

Student Name :			
Date of Birth :			
Name of the University/Board of the qualifying examination :			
Year of passing :			
<b>Qualifying Examination</b>	<b>Subject(s)</b>	<b>Percentage/Grade</b>	<b>Result</b>
Name of Father/Guardian :			
Occupation of Father/Guardian :			
<b>Permanent Address:</b>		<b>Correspondence Address:</b>	
Address		Address	
City		City	
State		State	
Country		Country	
Pin/Zip		Pin/Zip	
Phone		Phone	
Fax		Fax	
Email ID ::			
<b>Course(s) Preferred :</b>			
1.			
2.			
3.			

*Signature of the Candidate*

## **DECLARATION**

1. I Mr./Ms. \_\_\_\_\_  
S/o/ D/o \_\_\_\_\_  
agree to abide by the rules and regulations of SGC in force and amended/alterd from time to time.
2. I assure that I will not indulge in any activity that would tarnish the image of the Institution.
3. I am aware that the management of SGC has every right to suspend/dismiss me from the College or even debar from the University in case I breach the code of conduct.
4. I am aware that the fees once paid will not be refunded under any circumstances.
5. I am aware that my admission is subject to the approval of the University.

*Signature of the Candidate*

## **PAYMENT DETAILS**

DD /Cheque /Cash (Please Tick the mode of payment), Amount: \_\_\_\_\_

Date : \_\_\_\_\_, Bank : \_\_\_\_\_, Branch : \_\_\_\_\_

## **ATTESTATION BY THE PARENT/GUARDIAN**

I hereby certify that the declaration made above has been duly signed by my ward in my presence and consent.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

*Signature of the Parent/Guardian*

\* SUBJECT TO MANGALORE JURISDICTION