



SRUSHTI
DEGREE COLLEGE

(Affiliated to the Bangalore University)

No:92, Karthik Nagar, Marathahalli Outer Ring Road, Bangalore – 560 037

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REGISTRATION FORM

Send by Email

No:

Affix recent
Passport size
Photograph

<i>COURSE APPLIED</i>

1	Full Name of the applicant: (In BOLCK Letters)						
2	Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female			
3	Date of Birth (Both in words & figures)						
4	Father's Name						
5	Mother's Name						
6	Occupation of Parent/Guardian & Annual Income						
7	Nationality						
8	Religion						
9	Caste	SC	ST	BC	BT	GC	Others
10	Permanent Address (Complete)						
11	Address for correspondence						

12	Phone No (with STD / ISD code)				
13	Mobile No				
14	E-mail Id				
15	Whether the candidate is an NRI / Foreign national (If yes enclose Passport copy)		<input type="checkbox"/> YES <input type="checkbox"/> No		
	Name of the Country				
	Present Local Address				
	Phone (with STD code)				
16	Qualifying Exam Passed with year	Name of Board or University	Subjects Studied	Max Marks	Marks Scored
			Languages: 1) 2) Core Subjects: 1) 2) 3) 4) Total Percentage of Marks		
17	Highest Exam Passed with Year				
18	Name of School/College last attended & address				
19	Date of leaving the School/College				
20	Details of copies enclosed: <input type="checkbox"/> 10 th Std Certificate <input type="checkbox"/> Transfer Certificate <input type="checkbox"/> 12 th Std or equivalent <input type="checkbox"/> Conduct Certificate <input type="checkbox"/> Degree Certificate <input type="checkbox"/> Migration Certificate				
21	Tick the course applied for: <input type="checkbox"/> B.A Journalism <input type="checkbox"/> B.B.M				
22	DECLARATION BY THE CANDIDATE				
	I do hereby declare that the above information is true and correct to the best of my knowledge and belief.				

	<p>Place :</p> <p>Date :</p> <p style="text-align: right;">Signature of the Candidate</p>
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