

Global Group of Institutions



APPLICATION FORM FOR ADMISSION TO UNDERGRADUATE PROGRAMME IN

- Global College of Engineering & Technology
- Global College of Pharmacy

Course Applied For: B.Tech (Branch.....) B.Pharmacy

<u>FOR OFFICE USE</u>	
1. Tuition Fee	_____
2. Reg.No.	_____
3. Date.	_____
4. Session	_____

Passport Size Recent Photograph

1. Full name of the Candidate (In Block Letters)

Mr/Ms (Surname) _____ (First Name) _____

Father's Name _____

Mother's Name _____

2. Sex

M	F
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 Date of Birth: DD

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 MM

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 Year

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Birth Place _____ State _____

3. Address for Correspondence

_____ PIN _____

Tel.No.(With code) _____ Mobile _____

E-mail _____

(Signature of the Candidate)

4. Permanent Address

_____ PIN _____

Tel.No.(With code) _____ Mobile _____

E-mail _____

5. Academic Qualifications:-

Sr. No.	Exam. Passed	Name of Board /University	Year of Passing	Maximum Marks	Marks Obtained	%age
1.						
2.						
3.						
4.						
5.						

(Signature of the Candidate)

**11. SUBJECT OPTED : PAPER I: PHYSICS (COMPULSORY)
(PAPER CODE II & III)**

Mathematics	01
Chemistry	02
Biology	03
Bio-Technology	04
Computer Science	05

12. FEE DEPOSITED

Rs. 500	<input type="checkbox"/>
Rs. 1000	<input type="checkbox"/>

13. BANKS

HDFC Bank	<input type="checkbox"/>
Axis Bank	<input type="checkbox"/>
UCO Bank	<input type="checkbox"/>
PNB	<input type="checkbox"/>

14. FOR ARCHITECTURE

(a) NATA Score Marks Secured (b) Aggregates in Qualifying Examination % Age

Note : For Architecture Course eligibility, candidates are advised to refer Information Brochure

15. EDUCATIONAL QUALIFICATION (Attach Photocopy of the Marks Sheets)

Exam Passed	University/Board	School/Institute	Year of Passing	Marks Obtained / Max. Marks	% age of Marks
10th					
10+2					
Diploma					

Declaration and Certificate by the Candidate/Mother/Father/Guardian

I _____ hereby declare in the presence of my Parents/Guradian that all the statements made in this Application Form are true, Complete and correct to the best of my knowledge and belief, and in the event of any of the Information being false or incorrect or any ineligibility being detected before or after the test, my candidature may be cancelled and appropriate action taken against me. I declare that I have never been convicted by any Court of law or disqualified by any Board/University.

Date

Place Name of Parents/Gurdian Signature of Parents/Gurdian Signature of the Candidate

ATTESTATION BY HEAD OF THE INSTITUTION PRESENTLY ATTENDING OR LAST ATTENDED / GAZETTED OFFICER

It is to certify that the particular given in this Application Form by _____ S/D/O _____ are correct to the best of my knowledge and he/she bears a good moral character. His/her date of Birth is _____. He/She has passed/appeared/ is appearing in the Qualifying Examination in the year _____.

Date

Place

Signature of the Head of the Institute/Gazatted Officer

EXAMPLE OF SHADING

Incorrect Shading Correct Shading

INSTRUCTION

Mathematic 01
Bio-Technology 04

SUBJECT CODE FOR PAPER II / II

Chemistry 02
Biology 03
Computer Science 05

Declaration to be signed by the Parent/Guardian

I, _____ declare that the particulars
(Full name of the Parent/Guardian)
furnished by my son/daughter or me in this application form are correct to the best of my knowledge.
I undertake and bind myself to pay on behavior of my son/daughter such fees, charges etc which the
College/ University may levy from time to time by due date and in the event of failure on my part
and/ or on the part of my son/daughter, the Principal of the college may take such action against my
son/daughter, as he/she may deem fit.
I will sign the requisite agreement bond as prescribed by the Government (In case of Minor)

Place _____

Date _____

(Signature of the parent/guardian)

Full Name _____

CERTIFICATES SUBMITTED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Declaration by the Parent / Guardian

I _____ F/o _____ understand that if my ward fails to attend 75% lectures in any subject in a semester he/ she shall not be permitted to sit in the university examination.

I further understand that attending minimum 75% lectures is the responsibility of the student and the management of the college cannot be held responsible for shortage of lectures.

Date:

Place:

(Signature of the parent/guardians)

(Signature of the Student)

Name: _____

Address: _____

Phone No. _____

MEDICAL FITNESS CERTIFICATE

I certify that I have carefully examined Sh./Km.....

Son/daughter of Shri.....

His/Her age is

His Chest Measurement is

Unexpanded.....cm

Expanded.....cm

His/her eyesight is upto the prescribed standards.

Details of glasses, (if worn).....He/she has no disease or
mental or bodily infirmity, unfitting or likely to unfit him/her in the future for active outdoor service.

Marks of identification

Thumb impression

Dated.....

Paste Passport size
photograph with
gum and then get
attested by M.O.
conducting medical
test

(Signature of Gazetted Medical Officer)

Official seal

Signature of the Candidate

AFFIDAVIT

I, _____ F/o _____
Resident of _____

do hereby Solemnly State & affirm as under:-

That I am Citizen of India. That neither the deponent nor the child/ward of the deponent has obtained the benefit of residence in any other State.

Dated _____

Deponent

Verification: -

Verified that the contents of my above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therefrom.

Dated _____

Deponent

Attested by:

Notary Public

UNDERTAKING

(By the Student)

I,.....S/O, D/O am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, am liable to be punished appropriately.

Date:..... Student's Signature.....

Place:..... Student's Name.....

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UNDERTAKING

(By the Parent)

I,.....F/O, M/O..... am aware of the law regarding prohibition of ragging as well as the punishments, and agree to abide by the punishment meted out to my ward in case he/she is found guilty of ragging and/or abetting ragging.

Date:..... Parent's Signature.....

Place:..... Parent's Name.....