

PROVISIONAL APPLICATION FORM FOR I PU

Please read the instructions given below carefully before filling the application:

- Please make all entries in BLOCK (UPPERCASE) LETTERS only.
- Even though your email id contains lowercase letters, you need to enter in uppercase letters in this application form to enable us to identify the letters correctly.
- This application will not be processed without the attachment of **attested** copy of marks cards of
(i) Class IX Annual Exam and
(ii) All the exams conducted in Class X till the submission of this application form.

[1] NAME OF THE STUDENT:

(as per the school record)

[2A] GENDER:

MALE FEMALE

[2B] DATE OF BIRTH:

D D M M Y Y Y Y

[2C] NATIONALITY:

INDIAN OTHER

IF OTHER, SPECIFY: _____

[2D] AADHAAR NUMBER:

[2E] WHATSAPP NUMBER:

(For official communication)

[2F] MOTHER TONGUE:

AFFIX YOUR
PASSPORT-
SIZE PHOTO
TAKEN IN
CLASS X

[3A] NAME OF THE SCHOOL IN WHICH
THE STUDENT IS CURRENTLY STUDYING:

[3B] BOARD:

KARNATAKA STATE CBSE ICSE OTHER

IF OTHER, SPECIFY: _____

[3C] PLACE OF THE SCHOOL:

DISTRICT:

STATE:

[4A] FATHER'S NAME:

[4B] EDUCATIONAL QUALIFICATION:

[4C] OCCUPATION:

IF BUSINESS, SPECIFY: _____

[4D] MOBILE NUMBER:

[4E] EMAIL ID:

[5A] MOTHER'S NAME:

[5B] EDUCATIONAL QUALIFICATION:

[5C] OCCUPATION:

IF BUSINESS, SPECIFY: _____

[5D] MOBILE NUMBER:

[5E] EMAIL ID:

[6A] PERMANENT ADDRESS:

(in BLOCK LETTERS with PIN code)

[6B] ADDRESS FOR COMMUNICATION:

(in BLOCK LETTERS with PIN code)

[7] EMAIL ID TO BE REGISTERED IN THE COLLEGE (Fill in BLOCK LETTERS):

(This email ID will be used for all official communication)

[8A] CASTE:

[8B] CATEGORY: GM 2A 2B 3A 3B SC ST CAT1

[9] ARE YOU A RESIDENT OF MANGALORE? YES NO

[10] YOUR CHOICE OF CAMPUS:

VALACHIL RESIDENTIAL CAMPUS KODIALBAIL CAMPUS WITH HOSTEL
 KODIALBAIL CAMPUS WITHOUT HOSTEL
(only if you are a resident of Mangalore or around)

[11] YOUR CHOICE OF COMBINATION:

PCMB PCMC PCME PCMS PCBH
Only at Only at H = Home Science
Valachil Kodialbail

[12] YOUR CHOICE OF SECOND LANGUAGE:

KANNADA HINDI SANSKRIT FRENCH

Students are advised to take up only that second language in which they have been consistently scoring well in Classes VIII, IX, and X.

[13A] EXTRACURRICULAR ACTIVITIES IN WHICH THE STUDENT IS PROFICIENT, IF ANY:

[Blank area for extracurricular activities]

[13B] ACHIEVEMENTS IN SPORTS AT THE NATIONAL LEVEL AND ABOVE, IF ANY:

[Blank area for sports achievements]

[14A] DOES THE STUDENT HAVE A VALID PASSPORT? YES NO

[14B] IF YES, PASSPORT NUMBER:

[Blank area for passport number]

[14C] DATE OF EXPIRY:

[Blank area for date of expiry]

[15] MEDICAL HISTORY OF THE STUDENT, IF ANY (Mention details clearly and attach relevant reports):

[A] MAJOR SURGERY DONE? YES NO

IF YES, DETAILS:

[Blank area for major surgery details]

[B] ANY SEVERE DISEASES? YES NO

IF YES, DETAILS:

[Blank area for severe diseases details]

[C] ANY DAILY MEDICATION FOR DIABETES/BP/STRESS/ANXIETY, ETC.: YES NO

IF YES, DETAILS:

[Blank area for daily medication details]

UNDERTAKING BY THE PARENT

I, as well as my ward, are fully aware of the rules and regulations of the institution, and agree to abide by them. I hereby undertake that the information given above are authentic and true to the best of my knowledge, and that my ward's admission is liable to be cancelled if any information is found to be falsified. Also, I will not claim refund of any fees paid to the institution under any circumstances.

PARENT'S SIGNATURE:

NAME:
PLACE:
DATE:

STUDENT'S SIGNATURE:

NAME:
PLACE:
DATE: