



**BLDE**

**(DEEMED TO BE UNIVERSITY)**

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

**SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE**

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), VIJAYAPURA-586103 Karnataka, India.

Phone:08352-262770 (Ext-2329,2330), Fax: 08352-263303, website:www.bldeuniversity.ac.in, e-mail:office@bldeuniversity.ac.in

Application Form for Diploma in \_\_\_\_\_

Recent  
Photograph  
taken within 6  
months

**(FILL IN BLOCK LETTERS)**

1	Name of the Applicant				
2	Name of the Parent's/Guardian's				
3	Date of Birth				
4	Gender				
5	Religion				
6	Complete Address for Communication  Mobile No. & e-mail ID Phone No. with STD Code				
7	Name of the Qualifying Examination Passed (10 <sup>th</sup> Class)				
8	Name and address of the School / College last studied District, State and Country				
9	Marks obtained in qualifying examinations	Examination Passed	Max Marks	Marks Obtained	Percentage/ Grade
10	<b>Please Note:</b> List of Enclosures to Accompany the Application Form (Certified Photo Copies)				

	<ul style="list-style-type: none"> <li>a. Qualifying Examination Marks Cards</li> <li>b. Degree Certificate (if applicable).</li> <li>c. Conduct / Character Certificate issued by the college last studied in.</li> <li>d. Date of Birth Certificate if not mentioned in the 10<sup>th</sup> Class /Equivalent examination marks card.</li> <li>e. Transfer Certificate.</li> <li>f. Migration Certificate issued by the Board/University in case of candidates coming from outside Karnataka State.</li> </ul>
11	<p><b>Please Note:</b></p> <ul style="list-style-type: none"> <li>a. No individual intimation will be sent to candidates.</li> <li>b. Candidate should log on to our website: <a href="http://www.bldeuniversity.ac.in">www.bldeuniversity.ac.in</a> for more information and regular updates of announcements and notices.</li> <li>c. For details such as procedure of Admission, Fees, Eligibility etc., please contact on +91-8352- 262770 (Extn.2330) Fax no. +91-8352-263303 between 10.00 am to 5.30pm on all working days.</li> <li>d. Certificate of Academic Eligibility issued by the BLDE (Deemed to be University), Vijayapura, Karnataka, India.</li> <li>e. Any legal disputes regarding admission procedure shall be subject to the jurisdiction of the Courts of Vijayapura, Karnataka, India only.</li> </ul>

### DECLARATION BY THE CANDIDATE

- 1) I \_\_\_\_\_ hereby affirm that the information furnished by me in this application and the enclosures are true. I know that if the information furnished by me is found to be untrue, my seat will be forfeited.
- 2) I will not indulge in any form of ragging. I know it is a criminal offence and if found guilty I will be summarily dismissed.
- 3) I undertake to make good the loss caused to the college/staff/student or any other person caused by any illegal act of mine.
- 4) I am liable for payment of the balance of fees calculated for entire course, in case I discontinue the course or am expelled from the college for any reason.
- 5) I shall abide by all the rules & regulations presently in force or that may hereafter be made by the administration of the college and that may be framed from time to time.
- 6) In all matters regarding the admission to above mentioned Course, the decision of the Institution/College is final and binding on me.

Place :

Date :

Signature of the Applicant

### DECLARATION BY THE PARENT/GUARDIAN

- 1) I \_\_\_\_\_ hereby affirm that the information furnished in my son/daughter/ward application and in the enclosures are true, I know that if the information furnished by my son/daughter/ward found to be untrue, my son/daughter/ward seat will be forfeited.
- 2) I know ragging is a criminal offence and shall take steps to prevent my son/daughter/ward from indulging in it. I also know that, if he/she is found guilty of the offence, he/she will be summarily dismissed from the college. I undertake to make good the loss caused to the college/staff/student or any other person caused by any illegal act of my son/daughter/ward.
- 3) I am liable for payment of the balance of fees calculated for entire course incase my son/daughter/ward discontinues the course or expelled from the college for any reason.
- 4) I am also aware that once the candidate is admitted to the course, no refund of fees either in full part thereof will be made, for any reason.

Place:

Date:

Signature of the Parent/Guardian

(Declaration to be signed by the guardian, only in case both father and mother of the candidate are not alive)