



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 Certificate Course 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 th 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 |
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| 10 | <p>Please Note: List of Enclosures to Accompany the Application Form (Certified Photo Copies)</p> <ol style="list-style-type: none"> a. Qualifying Examination Marks Cards b. Degree Certificate (if applicable). c. Conduct / Character Certificate issued by the college last studied in. d. Date of Birth Certificate if not mentioned in the 10th Class /Equivalent examination marks card. e. Transfer Certificate. f. Migration Certificate issued by the Board/University in case of candidates coming from outside Karnataka State. |
| 11 | <p>Please Note:</p> <ol style="list-style-type: none"> a. No individual intimation will be sent to candidates. b. Candidate should log on to our website: www.bldeuniversity.ac.in for more information and regular updates of announcements and notices. 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. d. Certificate of Academic Eligibility issued by the BLDE (Deemed to be University), Vijayapura, Karnataka, India. e. Any legal disputes regarding admission procedure shall be subject to the jurisdiction of the Courts of Vijayapura, Karnataka, India only. |

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)