KARNATAKA RELIGIOUS & LINGUISTIC MINORIT PROFESSIONAL COLLEGES ASSOCIATION (Regd.) (K R L Flat No.143, 4 Floor, 'SURYAMUKHI', Garden Apartments, # 21,				
Vittal Mallya Road, Bangalore - 560 001. Ph.: 080 - 4112 1233 Fax: 080-411				
Email : info@kmca.info ; admissions@kmca.info ; website : <u>www.kmca.i</u>	<u>nfo</u>			
APPLICATION FOR UNDER GRADUATE COMMON ENTRANCE TEST - 2 (MEDICAL / DENTAL / ENCINEEDING)	2015-16			
(MEDICAL / DENTAL / ENGINEERING)				
(Incomplete application is liable for rejection)	Paste your recent passport size photograph here. Do not staple or pin the			
FILLED APPLICATION SHOULD BE SENT ADDRESSED TO THE SECRETARY. DETAILED ADDRESS AS INDICATED ON THE TOP OF THE APPLICATION FORM				
1. CANDIDATE DETAILS	photograph			
a. The Course applied for: MEDICAL DENTAL ENGINEERING				
b. Center you wish to appear for UG CET 2015 (Please choose any ONE center by putting 🖌 mark)				
BANGALORE GULBARGA				
c. Name of the Applicant (IN BLOCK LETTERS)				
d.				
i) Father's Name / Guardian's Name				
ii) Father's Occupation				
iii) Father's Income				
iv) Mother's Name				
v) Mother's Occupation				
vi) Mother's Income				
vii) Religion				
viii)Mother Tongue				
ix) Do you belong to any of there minority communities				
(Muslim / Telugu / Tulu)				
x) If you do not belong to any of the above communities				
Please Specify as GENERAL category				
xi) Are you a Resident of Karnataka – Yes / No				
xii) If you do not belong to Karnataka Please Specify your home State				
e. Date Of Birth: f. Gender: Male	Female			
Date Month Year				
g. Address for Correspondence: (IN BLOCK LETTERS)				
City: State: State:				
Telephone No: (with STD code):				
h. i) Mobile Number :				

2.ACADEMIC DETAILS

a. X Std / SSLC / SSC or equivalent :

Name of the School	State	Year of Passing

b. XII Std / PU / 10 + 2 or equivalent:

Name of the College	State	Year of Passing

c. Marks obtained in PU or Equivalent: (if results are not declared please indicate "RESULTS ARE AWAITED")

SUBJECTS	MAX. MARKS	MARKS OBTAINED	PERCENTAGE
PHYSICS			
CHEMISTRY			
MATHS			
BIOLOGY			
ENGLISH			
AVERAGE OF PCB			
AVERAGE OF PCM			

3. Enclose the following photocopies of certificates (ATTESTATION NOT REQUIRED) with this application form:

a. II PUC Marks Card (if results are not declared please indicate "RESULTS ARE AWAITED")

b. Proof of Date of Birth

c. DD for Rs.1000.00 drawn in favor of KRLMPCA payable at Bangalore

d. One additional photograph needs to be sent with the above documents

e. You must specify your Mobile Number and Email Address.

I solemnly and sincerely affirm that the above information furnished by me is true and correct.

LEGAL JURISDICTION: BANGALORE – KARNATAKA

(Signature of the Father / Guardian)

(Signature of the Candidate)



PROFORMA FOR RELIGIOUS / LINGUISTIC CERTIFICATE (This Certificate is required for Religious and Linguistic candidates only)

Name, full postal address and telephone number of the institution from where the candidate has passed SSLC/ 10^{th} standard examination

Date.....

Tł	nis is to certify that Sri.,	/Kum/Smt				
S/o/D/o/W/o			has		studi	ied
from	standard t	ostan	dard in	our	instituti	ion
during	to	academic years	. He /	'She b	pelongs	to
	Linguistic/ Re	eligious and the Mot	her Ton	gue of	the abc	ve
student is		as per	the Ad	missio	n Regis	ter
maintained in	the institution.					

The above details are true and correct to the best of my knowledge.

Signature of Head of the Institution

(Name in Block Letters.....)

Institution Seal