

Aptitude test scores

Test	Date	Percentile	Composite score

Employment history (Please give your full-time employment history to date or other relevant professional experience)

Name and address of the Organization	Work experience			Designation and responsibilities
	From	To	In months	

Do you need hostel accommodation? ☐ Yes ☐ No

Declaration

1.

I understand the full requirements of the course, eligibility criteria, terms & Conditions and other important information as informed by career Counsellor.
2.

I confirm that the information furnished by me in this Application Form is true to the best of my knowledge. I understand that any false or misleading statement given by me may lead to the cancellation of admission or expulsion from the course at any stage.
3.

I understand to abide by the rules and regulations of Bangalore Education Guide Line Pvt. Ltd., as prescribed from time to time. If I violate at any point of time any of the stipulated rules and regulations, then the concern is free to initiate appropriate disciplinary action against me.

Signature

Parent / Guardian Signature

Date:

Application fee

Enclose along with your completed application form a non-refundable processing fee of 15,000/- [PG Medical Streams] form of crossed Cheque / Demand draft in favor of “BANGALORE EDUCATIONAL GUIDE LINE PVT. LTD.,” payable at Bangalore.

Checklist

1. Copies of the following documents:

• Pre-School to IX standard Mark Sheet / Transcript

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• Standard X mark sheet / transcript

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• Standard XII mark sheet/transcript

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• Bachelor’s degree mark sheets (available as on date)

☐

• Postgraduate degree mark sheets (if any)

☐

• Work experience certificates (if any)

☐

• Entrance exam score card

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2. Application Form Fee

Cash/Cheque No. :

.....

Date

:

.....

Bank

:

.....

Amount

:

₹ 15,000/-



Bangalore Education Guide Line Pvt. Ltd.,

#68, 1st Floor, 4th Main, Postal Colony, Sanjay Nagar, Bangalore-560094
Web: www.begl.co.in | E-mail: admission@begl.co.in | Phone: 080-45 555 555

Application Form

No.

Standard / Course:

Month: Year:

Applicant’s information

Name:

Gender: Date of Birth:/...../.....
(dd/mm/yyyy)

Blood Group:

Category: ☐ SC ☐ ST ☐ Others

Nationality: ☐ Indian ☐ NRI ☐ Foreign National (Citizenship)

Affix photograph

Applicant’s contact details for correspondence

Address:
.....

Pin Code: State: Country:

Tel: (Residence)
(with STD/ISD code)

Mobile:

Email: Alternative Email:

Parent’s contact details

Father	Mother
Name:
Occupation:
Organization:
Designation:
E-mail:
Mobile:

Residential Address:
.....

Pincode:..... State: Country:

Telephone: (Office) (Residence)
(with STD/ISD code)

Education Qualifications

Name of Examination /Degree	Name oft he Institution	Name of University / Board	State	Year of Passing	Percentage Year/Semester	Main Subjects	Mode of Study																		
Other professional Qualifications							<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Correspondence																		
Post Graduate Degree (if any, please specify)							<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Correspondence																		
Bachelors Degree (please specify)					<table><tr><td>I</td><td></td></tr><tr><td>II</td><td></td></tr><tr><td>III</td><td></td></tr><tr><td>IV</td><td></td></tr><tr><td>V</td><td></td></tr><tr><td>VI</td><td></td></tr><tr><td>VII</td><td></td></tr><tr><td>VIII</td><td></td></tr><tr><td>Aggregate</td><td></td></tr></table>	I		II		III		IV		V		VI		VII		VIII		Aggregate			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Correspondence
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Preferred School / Collage and location for admission

1.

2.

3.

4.