

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 7,500/- [ UG Degree 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

☐

• Standard X mark sheet / transcript

☐

• Standard XII mark sheet/transcript

☐

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

☐

• Postgraduate degree mark sheets (if any)

☐

• Work experience certificates (if any)

☐

• Entrance exam score card

☐

.....
2.

Application Form Fee

Cash/Cheque No. :

.....

Date

:

.....

Bank

:

.....

Amount

:

Rs.7,500/-



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 of the 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
I																									
II																									
III																									
IV																									
V																									
VI																									
VII																									
VIII																									
Aggregate																									
XII							<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Correspondence																		
XI							<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Correspondence																		
X							<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Correspondence																		
IX																									
VIII																									
VII																									
VI																									
V																									
IV																									
III																									
II																									
I																									
UKG																									
LKG																									
NURSERY																									

Preferred School / Collage and location for admission

1. ....

2. ....

3. ....

4. ....