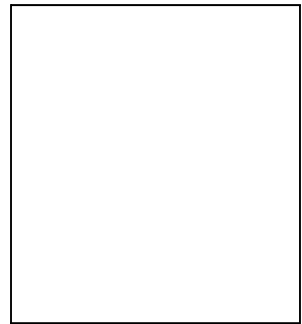




Application for admission to AAKSON

- INSTITUTE FOR MANAGEMENT STUDIES: PGDBA PGDCA
ACADEMY FOR TECHNOLOGY & MANAGEMENT: MBA MCA MSc IT
ACADEMY FOR APPLIED SCIENCES: MSc BT MSc MLT MSc CMB
ACADEMIE: BA BCom BBM BSc BT BSc MLT BSc IT
ACADEMY OF PU STUDIES: ARTS SCIENCE COMMERCE



(Please fill the application form in BLOCK LETTERS Only)

Name of the Candidate : (as mentioned in SSLC / 'O' LEVEL qualifying examination only)

Date of Birth : Mother Tongue : Sex : Male / Female

Place of Birth : Religion : Community :

Category : SC ST GM Other (Please Specify) :

Nationality : If PH (Please Specify) :

Name of the Parent / Guardian : Occupation :

Email : Tel. No :

Address for correspondence :

City Pin Code

Telephone No (with area codes)

Permanent Address :

City Pin Code Tel. No. (with area codes)

Email Id :

Please indicate previous history of your education : (Enclose attested copies of testimonials)

Table with 5 columns: Course, School / College / University with Location, Degree Obtained, Month/Year of Passing, % of Marks Obtained. Rows include Xth, X + 2, and Graduation.

Post-Graduation

Any Other

Mention your achievements in the following areas. Indicate (C) for College Level, (U) for University Level, (D) for District Level (S) for State Level (N) for National Level

Cultural

Sports

Literary

Declaration:

I declare that the information provided on this form is true and complete in every detail. I authorize AAKSON Group of Institutions to obtain further information about me from education and other institution I have attended.

I acknowledge that AAKSON Group of Institutions reserves the right at any stage to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information

I promise to abide by the rules and regulations of the college / University

Tick the list of documents enclosed (Attested Copies)

Xth Examination Marks Card

PUC / +2 Marks Sheet

Degree Certificate

Transfer Certificate

Migration Certificate

Conduct Certificate

Any Other (Please Specify)

Place : Date :/...../.....

Signature of the candidate

I agree to the admission of my son / daughter / ward to course and I shall be responsible for his / her conduct and good behavior during the period of his / her college career.

Place : Date :/...../.....

Signature of the Parent / Guardian

For Official Use Only:

File Completed on:

Written test Scores:

Interview committee:

Admission Statement:

.....

1) Admission Confirmed

.....

2) Admission Provisional

.....

3) Admission withheld due to :

.....

a.....

.....

b.....

.....

c.....

.....

d.....

Signature

Name

Associate Dean - Registry

Member-Board / Council

Director/Chairman

For further details, contact:

AAKSON GROUP OF INSTITUTIONS

#14, K.H.B. Main Road, Kanaka Nagar, R.T. Nagar, Bangalore 560 032

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