

#4, 60 Feet Road, Balarama Layout, Near Krishna Garden, Rajarajeshwari Nagar,

Bangalore – 560098

Email: bsecollege@gmail.com, www.bsegroup.in

Tel: **080 28603500, 28603554, 65593500**

Application Form No	:						Affix Recent Passport Size Colour Photograph
Registration No (Office use only)	:						
Course Applied	ВВМ	B.com	ВСА	B.Sc. (FAD)	Bsc Nursing	GNM	P.B.Bsc Nursing
Specialization	Aviation		Cloud Cor	mputing	Logistics & Supply	Chain Man	agement
1. Name of Applicant							
2. Date of Birth	Day		Month		Year		
3. Gender	Male	Fe	male	Natio	nality		
4. Category (✓)	GEN	sc [ST	OBC (Other (Specify)		
5. Father's Name							
6. Address							
7. Phone (Resi.) (with STD Cod	e)						
8. Mobile							
9. Email Address (if any)							
10. Educational Qualification	n						
Class	Stream		Во	ard	Marks Obtained	Y	ear of Passing
10th							
12th							
Diploma							
l,the statements given and the enc be false at a later date on verificat besides making liable for criminal	tion, I will be liab	e to for fe	elt seat and	removal from t	he rolls of the institute a	nt whatever	stage of study may be,

Admission Form



HOW TO APPLY

Detach this form, fill it up completely attach a DD of Rs. 1000/- drawn on any nationalized branch in favour of "good shepherd educational trust" payable at Bangalore and sent the form to the following address

The BSE group of institutions

#4, 60 Feet Road Balarama Layout

Near Krishna Garden Rajarajeshwari Nagar, Bangalore – 560098

Ph: 080-28603500, 28603554

Note: incomplete or incorrectly filled application forms or not satisfying eligibility criteria or forms without required fees will be rejected. Application fees will not be refunded



DOCUMENTS REQUIRED

List of original Documents to be submitted

- 1. 10th Standard marks card
- 2. 12th Standard/PUC/ Plus two marks card
- 3. Transfer certificate
- 4. Conduct Certificate
- 5. Migration Certificate
- 6. Eight Passport size photos
- 7. Two Set of Attested copies of all certificates in a self labelled files.
- 8. Medical Fitness Certificate

Declaration by Parent / Guardian

I have gone through the particulars filled above and the declaration signed by my Son/Daughter/Ward. If my Son/Daughter/Ward is admitted in your institution, I undertake the responsibility for the payment of all his her dues, if any, to the institute.

Date:
Place: