



# RKS GROUP OF INSTITUTIONS

Colleges Affiliated with Dr. B.R. Ambedkar University, Agra & NCTE  
www.rksgroup.org Add:-Bhawanipur, Post Sahan Karhal, Mainpuri Uttar Pradesh – 205001

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## ADMISSION FORM

Course Name:

1. Candidate's Full Name ( in block letters - as per 10th mark sheet )\*

2. Mother's Full Name ( in block letters )\*

3. Father's Full Name ( in block letters )\*

4. Date of birth ( as per x certificate )\*

5. Nationality\*

6. Religion\*

7. Category(Tick)\* GEN ☐ SC ☐ ST ☐ OBC ☐ EWS ☐

8. Aadhaar No.\*

9. Present Address ( in block letters)\*

Village/ Town / City  District

Pin  State

10. Local Guardian Name  Relation

Mobile No.

11. Permanent Address ( in block letters)\*

Village/ Town / City  District

Pin  State

12. Mobile No. Father\*  13. E -Mail ID

14. Mobile No. Mother\*  15. Mobile No. Student\*

16. Particulars of Examination Passed\*

Examination Passed	Board / Counsil / University/Other	Year Of Passing	Division/CGPA	% Of Marks In Aggregate*	Subject
10TH					
12TH					
OTHERS					
ANY OTHER EXAM					

**FOR OFFICE USE ONLY**

17. Direct Registration From University ( SGTU / UOU )      Yes (    )      No (    )

Registration Number \_\_\_\_\_ Date \_\_\_\_\_

18. Eligible For Scholarship    Yes (    )      No (    )

19. Scholarship Applicable      I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_

20. Scholarship Amount      I \_\_\_\_\_ II \_\_\_\_\_ III \_\_\_\_\_

Total Scholarship Amount: \_\_\_\_\_

21. Document Submitted Yes (    )      No (    )

Signature Of Counsellor

Name \_\_\_\_\_

**DECLARATION BY THE APPLICANT**

I hereby declare that all the information provided in this form is true and accurate to the best of my knowledge. If any entry is found to be false or misleading, my admission shall be automatically canceled, and I shall be liable for any action deemed appropriate by the College/University.

I also declare that I will submit myself to the disciplinary jurisdiction of the University and the Principal of the College. I acknowledge that my admission and continuation as a student are subject to the provisions of the University's Statutes, Ordinances, Rules, and Instructions issued from time to time.

I further undertake to abide by the rules of discipline and proper conduct as prescribed by the University and College authorities.

Place \_\_\_\_\_

Full Signature Of the Candidate

Date \_\_\_\_\_

**DECLARATION BY THE PARENT/GUARDIAN**

I have carefully reviewed the statement and information provided in the application form by my ward, whose photograph appears on this form, and I confirm that all details are true and accurate.

I hereby declare that I take full responsibility for my ward's regular attendance, conduct, and behavior during his/her tenure at the College.

Place \_\_\_\_\_

Full Signature Of the Parent/ Guardian

Date \_\_\_\_\_