



MOUNT SHEPHERD GROUP OF INSTITUTIONS

ADMISSION APPLICATION FORM

NURSING -

- GNM
 B.Sc.(N)
 PB.B.Sc.(N)
 M.Sc.(N)

DEGREE -

- BBA
 BCA
 B.Com.
 M.Com

PU -

- CEBA
 SEBA
 HEBA

LAW -

- LL.B - 3 years
 B.A. LLB - (5 years)

Affix your
Passport size
Photograph here

PG Speciality _____

Admission No. Year 20 20.....

Name of Student : _____

Date of Birth :

Age : _____ Sex : M F Blood Group : _____

Aadhar No. :

Nationality : _____ Religion : _____ Caste : _____ Sub Caste : _____

2nd Language : Kannada Hindi (Only for applicable students)

Father's Name : _____ Occupation : _____ A. Income : _____

Mother's Name : _____ Occupation : _____ A. Income : _____

Postal Address : _____

Street _____

City _____

State _____

Student's Mobile No.: _____ Parent's Mobile No. : _____

E-mail ID : _____



mcollege18@gmail.com



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080-28370294



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www.mountshepherd.com

Documents Required Affix photocopies (Originals to be produced at the time of Admission)

- SSLC Marks Sheet
- II PUC / 10+2 / PDC Marks Sheet / 'A' Level
- Transfer Certificate
- Conduct Certificate (issued from institution last studied)
- Migration Certificate (Non Karnataka Students)
- Recent 6 Passport & 6 Stamp size Colour Photographs
- Nativity, Income & Caste Certificate (SC/ST/Minority)
- Student Passport Visa (for foreign nationals)
- Cumulative Record along with syllabus pertaining to qualifying examination (for foreign nationals)
- Diploma / Degree Certificate
- Marks Sheet
- Council Registration Certificate

Qualified Examination Passed : _____ Registration No. : _____ Year : _____

Name & Address of
Previous Institution : _____

Marks obtained in the qualifying Examination : (Xerox copy attested)

Sl. No.	Subject	Marks Obtained
1		
2		
3		
4		
5		
6		
	Overall Percentage	

DECLARATION

- 1) I /we pledge that all information provided herewith is true to the best of our knowledge.
- 2) I /we fully agree to abide by all the policies, rules and regulations of the institution and in case of non-confirmation would accept the verdict of the institution as the final.
- 3) I/we also understood and accept that in case of discontinuation of the course for any reasons, I/we shall forgo the entire fee including deposits paid to the institution and not claim any reimbursements for compensations.

Date :

Place : _____ Signature of Parent / Guardian _____ Signature of Student _____

FOR OFFICE USE ONLY

Description	1st Year	2nd Year	3rd Year	4th Year	5th Year
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.....
.....

Course Branch

Admitted by _____ Verified/Entered by _____ Parent _____ Principal _____