APPLICATION NO
Admission No
Date:

P.U.C. / Eqvt. Specify combination

St. Charles Degree College New Town, Bhadravathi – 577 301 Phone: 08282 – 265036, 262485 Affiliated to Kuvempu University, Shankaragatta

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13. Marks obtained at Qualifying Examination i.e. 10 + 2

SI.	Name of the Subject	Month and Year of	Maximum Marks	Marks obtained
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1				
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		TOTAL		
			Percentage:	

:

14. B. COM (Bachelor of Commerce)

15. Check list of documents enclosed:

- 1. Qualifying Examination (10+2) Marks Statement Original & 1 Xerox copies
- 2. S.S.L.C / X Certificate showing date of Birth Original & 1 Xerox copies
- 3. Medical Fitness Certificate Original & 1 Xerox copies
- 4. Character Certificate Original & 1 Xerox copies
- 5. Transfer Certificate Original & 1 Xerox copies
- 6. Migration Certificate (other than Karnataka State students) Original & 1 Xerox copies
- 7. Eligibility certificate (for non Karnataka Students) from Kuvempu University
- 8. Photographs recent 8 copies passport size colour photos.
- 9. Rs. 100/- for Application and prospectus
- 10. Aadhara card Xerox
- 11. Cast & Income Certificate Xerox

Declaration by the Applicant

I do hereby undertake that I have filled up this form myself and to the best of my knowledge and belief the particulars furnished above are true.

I herby undertake to abide by all the conditions, Rules, Regulations in force at present and also those which may hereafter by introduced by the St. Charles Education Foundation for the administration of the College. I also undertake that so long as I am a student of this College I will do nothing unworthy of a student of the College either inside or outside anything that will interfere with its orderly working and discipline. I am aware that the management has the full authority to expel me for negligence in studies, misbehavior and continuous failure.

I do hereby undertake that I shall pay all the fees and dues to the Institutions promptly on demand. <u>I am</u> also aware that fees once paid shall not be refund. In case I need to quit the course I am liable to pay the full amount for the whole course.

Date:		
Place:		
	Signature of Applicant	Signature of Parent / Guardian

FOR OFFICE USE ONLY

Name of the Student	:	Course	:
Language	:	Admitted on	:

Fees Paid :