



BLDE

(DEEMED TO BE UNIVERSITY)

Declared as Deemed to be University u/s 3 of UGC Act, 1956

The Constituent College

SHRI. B. M. PATIL MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTRE

Smt. Bangaramma Sajjan Campus, B. M. Patil Road (Sholapur Road), VIJAYAPURA-586103. Karnataka, India.

Phone:08352-262770 (Ext-2329,2330), Fax: 08352-263303, website:www.bldeuniversity.ac.in, e-mail:office@bldeuniversity.ac.in

Application Form for Admission to
M.Sc. Programme in _____

Recent
Photograph
taken within 6
months

(FILL IN BLOCK LETTERS)

1	Name of the Applicant					
2	Permanent Address in Full (Telephone Number and e-mail ID if any)					
3	Address for Correspondence (Telephone Number and e-mail ID if any)					
4	Sex					
5	Nationality					
6	Date of birth					
7	Details about Graduate Degree (3 Years / B.Sc) :					
	S.No.	Degree	Name of the College/University	Year of Passing	Subject Studied	Division / Grade

8	Are you an employee of this Institute ? If so furnish the details	
9	Whether all documents listed in annexure is enclosed or not	

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect my candidature for M.Sc. Programme is liable to be cancelled by the Institution.

Date :

Place :

Signature of the Candidate

Please Note: List of enclosures to accompany the application form (Certified Photo Copies)

- Qualifying examination Marks Cards
- Degree Certificate (if applicable).
- Conduct/character certificate issued by the college last studied in.
- Date of birth certificate if not mentioned in the 10th Class/Equivalent examination marks card.
- Transfer Certificate.
- Migration Certificate issued by the Board/University in case of candidates coming from outside Karnataka State.