



# ESTD - 1986

# GOUTHAM COLLEGE

**Managed by :** Goutham Institute of Medical Science and Technology (Regd.)  
 Sri Gnana Sowrabha Educational Society (Regd.)  
 Sri Ramunasri Charitable Trust (Regd.)  
**Affiliated to :** Rajiv Gandhi University of Health Science /  
 Bangalore University / Councils / PMB / AICTE / CCIM / NCTE / DSRT  
**Recognised by :** Govt. of Karnataka

**Application No.**

**Last Date :**

**Administrative Office :**

#258, 5th Main 2nd Cross, Manjunathanagar, 1st Stage, West of Chord Road, Rajajinagar, - Bangalore 560 010.

**Phone :** 080-23303737, 23358300, 40901418, **Fax :** 080-23118101

**E-mail :** gouthamgiri@yahoo.co.in

**Website :** http://www.gouthamcollege.org

Dr. Dinesh Application for Admission.cdr.1

**APPLICATION FOR ADMISSION TO :**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

(Mention the Course name by order of preference)

**AFFIX PHOTO**  
 Enclose 10 Photos  
 in a separate cover  
 with your name and  
 application from  
 number written at the  
 back of the photos.

**N.B. .**

(All information must be clearly Hand Written / Typed in block letters)

**CANDIDATES PERSONAL DETAILS**

1. **Name in full :** .....
2. **Date of Birth :** ..... 3. **Age :** ..... 4. **Sex :** M / F 5. **Marital Status :** .....
6. **Domicile State :** ..... 7. **Religion :** ..... 8. **Nationality :** .....
9. **Caste :** ..... 10. **Category of Reservation :** .....
11. **Present Address :** .....
- ..... **Pin :** .....
- Tel. with STD Code :** ..... **Nearest Telegraph Office :** .....
12. **Present Address :** .....
- ..... **Pin :** .....
- Tel. with STD Code :** ..... **Nearest Telegraph Office :** .....

**PARENT'S / GUARDIAN'S DETAILS**

13. **Name of Father :** Mr. ....
- Name of Mother :** Mrs. ....
14. **Occupation and Educational Qualifications of :**
- Father :** ..... **Annual Income :** .....
- Mother :** ..... **Annual Income :** .....
15. **Contact Phone No. Off. :** ..... **Res. :** .....
- Fax : Off. :** ..... **E-mail :** .....
16. **Local Guardian's Name and Address :** .....
- .....
- Contact Phone numbers with STD Codes Off. :** ..... **Res. :** .....
- E-mail :** .....

**ACADEMIC DETAILS**

COURSE	NAME OF INSTITUTE	EXAM YEAR	BOARD / UNIVERSITY	SUBJECTS	MAXIMUM MARKS	MARKS OBTAINED
Class X						
Class XII or PUC						
Degree						
Any other						

17. Total Percentage in languages : ..... 18. Total Aggregate Percentage in Optional Subjects.....

19. Languages know to a) Read .....  
b) Write .....  
c) Speak .....

20. Medical History

a) Do you suffer from any communicable diseases. Yes  No

21. Do you need Hostel Accommodation Yes  No

22. Please enclose the following (XEROX COPIES ONLY)

- a) 10th Std. /PUC / 10+2 Degree Marks Statement
- b) Transfer Certificate
- c) Character Certificate from Principal
- d) medical Fitness Certificate (Original)
- e) Migration Certificate
- f) Immunisation Certificate of Chicken - Pox, Hbs, Ag, Typhoid, AIDS
- g) Eligibility Certificate
- h) Character Certificate from Local Leader
- i) A copy of Passport / Visa / Residential Permit / NOC  
(Foreign Nationals & NRI's only)

23. a) If admitted I promise to abide by the Rules and Regulations of the Institution and maintain the decorum, decency and discipline throughout my stay at all times both inside and outside the College / Hostel.

b) I Shell pay the prescribed fees and understand that fees / advance amount once paid by me are NOT REFUNDABLE under any circumstances.

c) I understand that the final allotment of the course vests entirely with the management.

d) I shall attend all the lectures, practical classes and tests regularly and will complete all assignments in time as expected and demanded from me by the authorities. If I am short of attendance as per the University / Board rules, I fully understand that I will not be allowed for Annual Examination.

e) I declare that I am physically fit to undergo and complete the course and understand that any temporary illness is no excuse for not fulfilling norms of class attendance, practicals and various other assignments etc. of the course. I will not be absent from any of the activities of the course without bonafide cause at any time during my entire period of my studies.

f) I understand that association with any unlawful organisation of any nature is strictly forbidden. I will not do anything or indulge directly or indirectly with any act, person or organisation, which jeopardises the interest or sanctity of the College or Society in any way including ragging.

g) I full understand that in the event of any incidents warranting my explanation the decision of the Management is final and totally binding on me.

h) All the information mentioned in this application are true and correct to the best of my knowledge and i understand fully that I am liable to be punished if they are found untrue and incorrect and my admission will summarily be rejected leading to my removal from the college later at any time and also forfeiture of all fees / deposit / funds paid by me.

i) Voluntary withdrawal in between the academic years / before completions whole course fees has to be paid. The institution has the right to dismiss / suspend any student whose work or conduct is not found satisfactory during the period or the course.

j) I UNDERSTAND THAT MY ADMISSION I ONLY PROVISIONAL PENDING FINAL APPROVAL BY THE UNIVERSITY / BOARD. I SHALL PRODUCE ALL THE NECESSARY CERTIFICATES AS REQUIRED BY THE UNIVERSITY / BOARD WELL IN TIME FOR EARLY CONFIRMATION OF MY ADMISSION.

DECLARATION BY THE STUDENT

I hereby declare that the information given above is complete and accurate to the best of my knowledge. I understand that an incomplete application or any misrepresentation may result in rejection. In the event of my securing admission, I agree to abide by all the rules and regulations of the College, Hostel, Bangalore University, Rajiv Gandhi University of Health Sciences and Para Medical Board / Apex bodies and I am undertaking of the law forbidding the act of ragging and the punishment thereof which could be awarded if found guilty.

DECLARATION BY THE PARENT / STUDENT

I have gone through the particulars filled above and the declaration signed by my ward. If my ward is admitted in your institution, I undertake the responsible for the payment of all his/her dues, if any, to the institute. I am aware of the "Payment of fees" from which is mentioned in the prospectus and have enclosed the signed original document along with this application. I undertake to ensure that my son/daughter will not be involved in any kind of ragging and anti-social activities. In case of any involvement, I am undertaking of the punishment there of which could be awarded if found guilty.

Signature of the Student

Signature of the Parent / Guardian

Place : .....

Place : .....

Date : .....

Date : .....