

7. a Date of passing II PUC/ 12th Grade _____ b. No. of Attempts

8. Marks obtained in II PUC / Equivalent examination

	Physics	Chemistry	Biology	Maths	Total
Maximum Marks	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Secured Marks	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Total percentage in PCB	<input type="text"/> <input type="text"/> <input type="text"/>	PCM	<input type="text"/> <input type="text"/> <input type="text"/>	PCMB	<input type="text"/> <input type="text"/> <input type="text"/>

9. Category of reservation (tick✓)

GEN Cat I Cat IIA Cat IIB Cat IIIA Cat IIIB SC ST

Caste: _____

Sub Caste: _____

*(Note : The category claimed shall not be changed after the submission of the application
The category will be considered as General if caste certificate is not submitted)*

10. Nationality : Indian Foreign 11. Domicile status : _____

12. a) District in which studied PUC-2/Equivalent _____

b) Have you studied 7 years in Karnataka State? (tick✓) Yes No

c) If No give details for exemption [See instruction 1(a) (b) (c)]

13. If you claim a seat under any of the following categories tick whichever is applicable.

Scouts & Guide Physically Handicapped Defence N.C.C.

Ex Defence Personnel Anglo Indian Horanada Kannadiga Gadinada Kannadiga Sports

14. Passport Details Passport No. _____ Place of Issue _____

Date of Issue _____ Date of Expiry _____

15. D.D. Details DD Amount : _____ DD No. _____

DD Date : _____ Bank Name: _____

I Declare that the above information is true and correct to the best of my knowledge and belief.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF THE CANDIDATE

Place : _____

Date : _____

Instructions for completion and submission of application form

1. Candidates are advised to retain a photocopy of the filled in application form and DD before submitting it for their personal records and future reference.
2. Application form is to be filled up neatly and legitimately. Please ensure to write address and signed the application form only in the relevant place. The photograph of the size 3.5cm x 4.5cm must be against a light background.
3. Information required in the relevant boxes is to be filled in **CAPITAL** letters only and tick(✓) clearly the required information in the boxes wherever provided.
4. Please note that name, father's name, and date of birth should recorded as per 10th class or equivalent certificate.

5. Name of the candidate

Write your name in capital letters as given in your 10th class or equivalent certificate. Write single letter in a box. Leave one blank box between any two parts of the name as shown in the example below.

A	S	H	I	S	H		B	I	S	O	I							
---	---	---	---	---	---	--	---	---	---	---	---	--	--	--	--	--	--	--

6. Date of birth

Enter the date, month and year of your birth as per the English calender and as recorded in your 10th class or equivalent certificate. Use numerals 01 to 31 for date, 01 to 12 for month, and 4 digits for the year of the birth, e.g. April 17, 1985 should be entered as follows.

DD	/	MM	/	YYYY
1	7	0	4	1 9 8 5

7. Marks in qualifying examination (10+2 or equivalent)

Fill in the appropriate marks and percentage obtained in the 10+2 or equivalent examination. The original mark sheet will have to be produced at the time of counseling.

8. Address of the candidate

Write your complete postal address in **CAPITAL** letters for sending communication. Address must include your name, House No., Cross/Mains/Street number or name, City/District name, Pin number, State and Country.

9. Name of the parent/guardian of the candidates.

Please write one letter in each box leaving space in between two words, followed by Mr., Mrs./Dr. as the case may be.

10. Signature of the candidate

Put your usual signature at the specified place provided. The signature should be done in the running hand handwriting and not in the capital letters. Don't merely write your name in capital letters.

Enclosures

1. Two Passport size photos
2. Photocopy of:
 - a. 10th and 10+2/Equivalent class mark sheet or certificate
 - b. School transfer certificate
 - c. Caste certificate (except GEN category)
 - d. Disability/Physically challenged certificate (in case candidate is a physically challenged person)
 - e. Passport copy (in case of overseas candidate)

For any further information/ queries regarding course please contact

The Principal

Mobility India

Rehabilitation Research & Training Centre

1st & 1st 'A' Cross, 2nd Phase,

J. P. Nagar, Bangalore - 560078.

Karnataka, India.

Telephone : +91-80-26492222- Ext -125/113

Telefax : +91-80-26494444 Ext - 110(Fax)

Email : e-mail@mobility-india.org

academic@mobility-india.org

Skype ID : ritu ghosh

Website : www.mobility-india.org