



T. I. EDUCATIONAL TRUST®

# SAVITA GROUP OF INSTITUTIONS

Approved by Government of Karnataka Affiliated to Rajiv Gandhi University of Health Science

Recognized by INC, KNC, PCI, AICTE, Paramedical Board & Govt. of Karnataka.

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YEAR 20.....-20.....

For B.Sc.(N) / PC B.Sc.(N) / GNM/M.Sc(N).D.Pharma/B.Pharma/BHMS/BAMS/DOT/DOT/DMLT.

(tick whichever applicable)

**READ THE INSTRUCTIONS CAREFULLY  
BEFORE FILLING THE FORM**

**APPLICATION SHOULD BE FILLED BY THE STUDENT IN OWN HANDWRITING  
ALONG WITH THIS FORM STUDENT NEED TO SUBMIT ONE SET OF ZEROX OF  
HIS ALL ORIGINAL DOCUMENTS**

Name in Full (in block letters) : .....

Name of the Father / Guardian : .....

Mother Name : .....

Occupation (Father) : .....

Date of Birth (in words) : .....(in words) ..... Age : .....

Sex : Male/Female : ..... Aadhar No. : .....

Permanent Address : .....

.....Pin code : .....

Ph : ..... Mob : .....

Present Address : .....

.....Pin code : .....

Ph : ..... Mob : .....

## EDUCATIONAL QUALIFICATIONS

Examination	From (Year)	To (Year)	Board/College	Year of Passing	Maximum Marks	Total Marks Secured	Total Percentage	Number of Attempts
S.S.L.C.								
+2								

Subject	Marks Obtained	Max. Marks	Total Percentage
Physics			
Chemistry			
Biology			
English			

Reference : Give below name and address of two person of good standing other than Relative to whom a reference can be made.

1.

2.

Proficiency in Sport & Games :

Social Service/Other :

Extra-Curricular :

Activities, if any :

Other languages known-to read/write :

**DECLARATION**

I hereby declare that I have known the financial obligation of my ward and I can afford to pay all the costs and I undertake to pay the tuition and fees payable to the College under the rules in force & which may be framed from time to time by the Management. I am aware that the fee paid to the College for admission will be forfeited in case of his / her discontinuation of the studies for any reason. I also stand the declaration given by my son/ daughter to the college.

Signature of the Parent/Guardian

Signature of the Candidate

**FOR OFFICE USE**

Admission No :

Batch :.....

Register No :

PRINCIPAL SIGN