



IKON PRE-UNIVERSITY COLLEGE

No.32, Bheemanahalli, Bangalore Mysore. Main Road
Bidadi Hobli, Ramanagara (T & D)– 562 109
Ph: 080- 29566663, 8618696849,9986903545
Email: ikonpucollege@gmail.com

COLLEGE CODE: BR0224

APPLICATION FOR ADMISSION

Application No: _____

Date: _____

Admission No.: _____

(To be filled in by office)

1.Optional Language: Kannada Hindi

2. Combination: CEBA PCMB PCMC

3.Name of the student in Full (BLOCK LETTERS) _____

4. Date of Birth : _____

Date of Birth (In words): _____

5. Place of Birth : _____ Village: _____ Town: _____

Taluk: _____ Dist: _____

6. (a) Father's name (BLOCK LETTERS): _____

(b) Mother's Name (BLOCK LETTERS): _____

(c) Parents Marital Status (Both/Single/Other): _____

7. Father's Qualification: _____

Mother's Qualification : _____

8. (a) Father's Occupation: _____ Place : _____ Mobile : _____

(b) Mother's Occupation: _____ Place : _____ Mobile : _____

(c) Parents Email ID : _____ Family Annual Income : _____

(d) Number of Dependents : _____ Emergency Contact Number : _____

9. Student staying with : Parents / Gaurdian / Paying Hostel / Free Boarding Home

10. Guardian's Name Address & Mobile Number : _____

11. Nationality : _____ Releigion : _____ Caste : _____ Subcaste: _____

Date of Caste & Income Certficate : _____

12. Mother Tongue : _____

13. (a) Number of siblings : _____

(b) Name and class of siblings studying in our college : _____

14. Present Address of the student : _____

15. Name of the school attended for class 10th: _____

Sl No:	Subjects	Marks and Percentage Obtained in class 10 th
1	1 st Language	
2	2 nd Language	
3	3 rd Language	
4	Mathematics	
5	Science	
6	Social Science	

16. Whether the student has produced the Transfer / School Leaving certificate from the school last attended.

YES

NO

Transfer / School Leaving certificate No.: _____ Date.: _____ 20____

17. Medium of Instruction that student had in last school : _____

Place: _____

Date : _____

Signature of Parent / Gaurdian

18. Remarks by Principal:

Date : _____ 20__

Principal Signature

FOR OFFICE USE

_____ is admitted / not admitted to _____ class for the academic year

_____ with the combination _____

Date of Admission : _____

Admission No.: _____

Declaration by the Candidate and Parent / Guardian

I here by state that I have filled this form myself and to the best of my knowledge and belief, the particulars given above are true.

I hereby undertake to abide by all the conditions, rules and regulations in force from time to time. I will not do anything unworthy of a student of the college either inside or outside the college or anything that will interfere with its orderly working and discipline. I am aware that the management has full authority to expel me for lack of interest in studies, misbehavior or continuous failure.

I hereby undertake that I shall pay all the fees and dues to institute promptly.

Parent / Guardian Signature:

Candidate Signature:

Place:

Date:

Certificates to be submitted (Original and 2 Photo copies)

SSLC marks card:

Caste Certificate:

Aadhar Card:

Photo:

Transfer Certificate:

Conduct / Study Certificate:

Migration certificate:

Any other Document:

Copy of the First page of the candidate's bank pass book:

Note: Six Passport size & Stamp size photos (Color)



IKON PRE-UNIVERSITY COLLEGE

No.32, Bheemanahalli, Bangalore Mysore. Main Road
Bidadi Hobli, Ramanagara (T & D)– 562 109
Ph: 080- 29566663, 8618696849,9986903545
Email: ikonpucollege@gmail.com

OFFICE COPY

Admission Date: _____

Name of Student: _____	Course
Address: _____	Science
_____	PCMB <input type="checkbox"/>
_____	PCMC <input type="checkbox"/>
Contact No: _____	Commerce
	CEBA <input type="checkbox"/>

FEE STRUCTURE

SCIENCE:

COMMERCE:

PUC	I Year	II Year
I Instalment		
II Instalment		

Note: DD to be drawn in favour of “IKON PRE-UNIVERSITY COLLEGE.”

Student Sign

Parent Sign

Principal Sign

Secretary Sign



IKON PRE-UNIVERSITY COLLEGE

No.32, Bheemanahalli, Bangalore Mysore. Main Road
Bidadi Hobli, Ramanagara (T & D)– 562 109
Ph: 080- 29566663, 8618696849,9986903545
Email: ikonpucollege@gmail.com

Office Copy

Visitor Card

Name of Student: _____

Combination: _____ Admission No: _____

Name of Visitor 1: _____

Contact No: _____

Relationship to student: _____

Parent / Guardian

Principal

...



IKON PRE-UNIVERSITY COLLEGE

No.32, Bheemanahalli, Bangalore Mysore. Main Road
Bidadi Hobli, Ramanagara (T & D)– 562 109
Ph: 080- 29566663, 8618696849,9986903545
Email: ikonpucollege@gmail.com

-

Name of Student: _____

Combination: _____ Admission No: _____

Name of Visitor 2 : _____

Contact No : _____

Relationship to student: _____

Parent / Guardian

Principal

Student Photo

Visitor Photo

Student Photo

Visitor Photo



IKON PRE-UNIVERSITY COLLEGE

No.32, Bheemanahalli, Bangalore Mysore. Main Road
Bidadi Hobli, Ramanagara (T & D)– 562 109
Ph: 080- 29566663, 8618696849,9986903545
Email: ikonpucollege@gmail.com

Parents Copy

Visitor card

Name of Student: _____

Combination: _____ Admission No: _____

Name of Visitor 1 : _____

Contact No : _____

Relationship to student : _____

Student Photo

Visitor Photo

Parent / Guardian

Principal



IKON PRE-UNIVERSITY COLLEGE

No.32, Bheemanahalli, Bangalore Mysore. Main Road
Bidadi Hobli, Ramanagara (T & D)– 562 109
Ph: 080- 29566663, 8618696849,9986903545
Email: ikonpucollege@gmail.com

Name of Student : _____

Combination : _____ Admission No: _____

Name of Visitor 2 : _____

Contact No : _____

Relationship to student : _____

Student Photo

Visitor Photo

Parent / Guardian

Principal