Together we make the difference



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Admission Application Form

1. ADMISSION SOUGHT	
(a) Class XI/XII Science Manag (b) Bachelor's Degree: BBS BHM BA B.ED BIM BSC 6	BIT BCA
(c) Master's Degree: MBA MBS	MA M.ED
2. PERSONAL DETAILS	
(a) Title: Mr. (b) i) First Name: Image: Control of the contr	Mrs. Miss ii) Middle Name:
3. a) Current Address	b) Permanent Address
[Student]	[Parents/Guardians] Name:
Phone no.:	Phone no.:
Mobile no.:	Mobile no.:[Local Guardians]
E-mail :	Name:

4. ACADEMIC QUALIFICATIONS							
Please list your university qualifications by level. We will require an academic transcript of your qualifications.							
Qualification	Previous School Name	Address	Obtained Grading	Total GPA			
5. HOW DID YO	DU HEAR ABOUT THE GRAND COLLEGI	? (Please give details)					
Prospectus Website Personal Recommendation Member of Grand Academy Newspaper/Magazine FM/Radio/TV Hoarding Board/Banner Other (If any)							
6. DISABILITIE	S lcomes students with disabilities and strongly encour						
which may have an impact on your graduate studies. Declaring a disability will not affect the academic decision about your application but will help us put any individual arrangements or facilities in place for the start of the course and enable us to monitor the effectiveness of our equal opportunities and diversity policies: No disability Specific learning difficulty Blind/partially sighted Wheelchair user/mobility Mental health difficulties Unseen disability Multiple disabilities Autistic spectrum disorder Decline to answer							
7. CRIMINAL C	CONVICTIONS						
Do you have any	y criminal convictions ? Yes	No No					
8. DECLARAT	ION						
I confirm that the information given on this form is true, complete and accurate, no information requested or other material information has been omitted, and that i have completed the application myself. I agree that i have read the relevant application notes. I undertake to be bound by the terms set out in the application form and application notes and i give consent to Grand college to process the date (given by myself) I have supplied. I accept that if I do not fully comply with these requirement will have the right to cancel any application and that i shall have no claim against the college with regard to this.							
Signature of Parent/	guardian Date:	Signatu	ire of Applic	ant			
For Office use only							
Application received	on Receipt No.:						
Faculty:	Session: Date of Admission						
Remark:	Verified by:						