



Veerasaiva Vidyavardhaka Sangha's
Smt. Allum Sumangalamma Memorial College for Women, Ballari.
First Cross, Gandhi Nagar, Ballari - 583103. (Karnataka)
☎ Off. : 256756. Fax : 08392-257624.
(Affiliated to Karnataka State Akkamahadevi Women's University, Vijayapura.)
Re Accredited by NAAC with B+ Grade in Third Cycle

Application No.

Admission to :

Bachelor of Business Administration (BBA)

Affix
Recent
Passport
Size
Photograph

1. Name of the Applicant :
2. (a) Name of the Father / Guardian :
- (b) Name of the Mother :
3. Date of Birth, Age & Place of Birth : &
4. Annual Income of Parent / Guardian : Rs.
5. Nationality :
6. Religion & Caste : &
7. Permanent Address :
- PIN Code :
- Phone No. & STD Code :
- Mobile No. :
8. Address for Communication :
- PIN Code :
- Phone No. & STD Code :
- Mobile No. :
9. Whether you belong to Karnataka Yes No
10. Whether you belong to : SC ST Category

I	II		III		Others	GM
	A	B	A	B		
11. Name of the Institution Last Attended :

13. Marks obtained at the previous examination with subjectswise
(PUC / Degree, I, II, III, IV Sem.) Enclosures

Course	Degree Title	Board / University	Year of Passing	Max. Marks	Marks Obtained	Percentage
PUC / 10+2 Equivalent						
Bachelor Degree I, II Sem III, IV Sem						

14. Subjects Offered :

Language Options

1.	5.
2.	6.
3.	7.
4.	8.

15. Declaration by the Applicant :

I do hereby solemnly and sincerely affirm that the information given in this application is true and correct. I shall abide by all the rules and regulations of the institution. I have also noted my admission into the college is provisional till my admission is approved and till produce the final eligibility certificate from the Karnataka State Akka Mahadevi Women's University, Vijayapura.

Place :

Date :

Signature of the Candidate

16. Declaration by the Parent / Guardian :

- I certify that the above particulars furnished by my daughter / wrad are correct and I undertake to educate my daughter / ward in your institution, till the completion of B.B.A. Course.
- I shall pay full fee for the entire course ; if my daughter / ward has leave in the middle of the course.
- I undertake the responsibility to pay prescribed fee payable to the institute / hostel in respect of my daughter / ward and for her conduct throughout her stay in the institute.
- I take responsibility for the descipline, good conduct and progress of my daughter / ward.
- I understand that the institute is free to check out my daughter / ward from the institute, if she indulges in any kind of unsocial activities including ragging, addiction to drugs, inside or outside of the campus.

Place :

Date :

Signature of the Parent / Guardian

List of Enclosures :

- Copy of the age proof certificate / SSCL Marks Card. - 4 Copies
- Copy of PUC / 10+2 or Equivalent Marks Card - 4 Copies
- Passport Size Photos - 4 Nos. and Stamp Size Photos - 2 Nos.
- Eligibility for Admission 40% Minimum Compulsory.
- Aadhaar Card and Voter I.D.

FOR OFFICE USE ONLY

Fee Receipt No.

Remarks

Date :

Signature of the Principal