

# ADMISSION FORM

**S.No:**

# RVS EDUCATIONAL INSTITUTIONS

*Sulur, Coimbatore - 641 402*

Approved by UGC/ AICTE/ PCI/ NCTE/ INC/ CCIM/ IAP

Affiliated to Bharathiar University & NAAC Reaccredited with 'A' Grade

The Tamilnadu Dr. MGR Medical University

**ACADEMIC YEAR**

2	0			2	0		
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DATE \_\_\_\_\_

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**INSTITUTION:**

**COURSE:**

Candidate's Name (BLOCK Letters) \_\_\_\_\_

Qualification \_\_\_\_\_ Percentage of marks 

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 / 100

### Percentage of marks

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%

Gender ☐ Male ☐ Female ☐ Transgender

Date of Birth 

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 Age 

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Nationality / Religion \_\_\_\_\_ Community ☐ SC/ST ☐ MBC ☐ DNC ☐ BC ☐ OC ☐ OTHERS

Father's Name \_\_\_\_\_

AADHAAR No 

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 E-mail id \_\_\_\_\_

E-mail id \_\_\_\_\_

Name &amp; Address of the School / College last studied

### Address for Communication

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[illegible]

Concession eligible for ☐ MERIT ☐ EX-RVS ☐ COMMUNITY ☐ SPORTS ☐ DEFENCE ☐ OTHERS

Fee Concession eligible (%) \_\_\_\_\_ Hostel Accommodation Required? ☐ Yes ☐ No

Bus Facility Required? ☐ Yes ☐ No Place \_\_\_\_\_

**How did you come to know about RVS?**

Reference: \_\_\_\_\_

Signature of the Parent

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Signature of the Candidate

**OFFICE USE ONLY**

Fee Amount Fixed \_\_\_\_\_

Amount Paid	Date	Balance to be paid / by date	Remarks

Director - Admissions

Accounts Manager

Admission ID

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