

# 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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 %

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 \_\_\_\_\_

Name & Address of the School / College last studied


Address for Communication


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

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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