

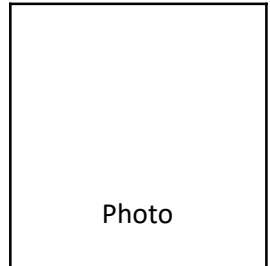


SRI SHANKARA COLLEGE OF ALLIED SCIENCES
BANGALORE

Application for Admission to Basic B.Sc. Radiotherapy Technology

Full Name : _____

(In BLOCK LETTERS , as per SSLC Marks card)



Date of Birth: _____ Age : _____ Sex -----

Permanent Address: _____

Candidate landline phone No. _____ Mob. No. _____

Father landline phone No. _____ Mob. No. _____

Mother landline phone No. _____ Mob. No. _____

Present Address: -----

City -----State ----- PinCode-----

Land line with STD code----- mobile -----

Nationality -----

Religion: _____ Caste : _____

Category -----GEENERAL /SC / ST / OBC / ANY OTHER

Marital Status: (Single / Married) _____

Father Name : _____ Mother Name -----

Guardian (if any) ----- Relationship with candidate: _____

Occupation of the Parents : _____

Educational Qualification:

Institution Name/ Qualifying Examination	Month & Year of passing	Science (10+2) Subjects Studied	Total Marks Secured			Attempt
			Max Marks	Marks Obtained	Percentage (%)	
S.S.L.C						
P.U.C (10+2)		Physics				
		Chemistry				
		Biology				
		English				
Total						
Other Qualification						

Signature of Applicant