



B.L.D.E. University

(Declared vide notification No. F.9-37/2007-U.3 (A) Dated. 29-2-2008 of the MHRD,
Government of India under Section 3 of the UGC Act, 1956)

Comprising Shri. B. M. Patil Medical College, Hospital and Research Centre,
Smt. Bangaramma Sajjan Campus, Sholapur Road, Bijapur – 586103, Karnataka, India.
Phone: +91-08352 – 262770, Fax: +91 – 08352 - 263303,

Website: www.bldeuniversity.org email: office@bldeuniversity.org

Application form for admission to 1st Year M.B.B.S Course 2012-13 under Scholarship Scheme of BLDE Association

(Exemption of Tuition and Other fee to meritorious candidates of Bijapur district who secured ranking
between 1-1500 at Karnataka CET–2012 and also eligible in BLDEU-UGET-2012)

BLDEU-UGET-2012- RANK:

Karnataka CET-2012- RANK:

Recent
Photograph
taken
within 6 months

(FILL IN BLOCK LETTERS)

1	Name of the Applicant				
2	Name of Parent's / Guardian's				
3	Date of Birth				
4	Gender				
5	Religion				
6	Nationality				
7	Complete address for communication. Phone No with STD code Mobile / Fax & E-mail ID				
8	Name of the Qualifying examination passed (10+2)				
9	Name of the School / College last studied Along with address..				
10	Marks obtained	Subject	Max Marks	Marks Obtained	Percentage / Grade
		Physics			
		Chemistry			
		Biology			
		Total			
		English			

13	<p>List of Enclosures to Accompany the application form (Certified Photo copies)</p> <ol style="list-style-type: none"> a. Study certificate for at least 7 years from the schools/Colleges of Bijapur district. b. Domicile certificate issued by the competent authority. c. Karnataka CET-2012 Result / Rank card. d. BLDEU-UGET-2012 Result / Rank card. e. 10+2 / Equivalent Examination marks card. f. 10th Class Marks Card. g. Conduct / Character certificate issued by the college last studied. h. Date of Birth Certificate if not mentioned in the 10th Class / Equivalent examination marks card.
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14	<p>Please Note:</p> <ol style="list-style-type: none"> a. No Individual intimation will be sent to Candidates b. Candidate should log on to our web site www.bldeuniversity.org for more information and regular updates of announcements and notices. c. For details such as eligibility etc. please contact Mr. M. S. Ijeri, Admission Officer on telephone (+91-8352-264030, 262541. Fax no. +91-8352-263303) between 10am to 6pm on all working days. d. Certificate of Academic Eligibility issued by the BLDE UNIVERSITY, Bijapur, Karnataka India. e. Any legal disputes regarding admission procedure shall be subject to the jurisdiction of the Courts of Bijapur, Karnataka, India only.
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DECLARATION BY THE CANDIDATE

- 1) I _____ hereby affirm that the information furnished by me in this application and the enclosures are true. I know that if the information furnished by me is found to be untrue, my seat will be forfeited.
- 2) I will not indulge in any form of ragging. I know it is a criminal offence and if found guilty I will be summarily dismissed. I undertake to make good the loss caused to the College/Staff/Student or any other person caused by any illegal act of mine.
- 3) I am liable for payment of the balance of fees calculated for entire course incase I discontinue the course or am expelled from the college for any reason.
- 4) I shall abide by all the rules & regulations presently in force or that may here after be made by the administration of the college and that may be framed from time to time.
- 5) In all matters regarding the admission to M.B.B.S Course, the decision of the University / College is final and binding on me.

Place:.....

Date:

Signature of the Applicant

DECLARATION BY PARENT OR GUARDIAN

- 1) I _____ hereby affirm that the information furnished in my son /daughter /ward application and in the enclosures are true, I know that if the information furnished by my son / daughter /ward found to be untrue, my son /daughter /ward seat will be forfeited.
- 2) I know ragging is a criminal offence and shall take steps to prevent my son /daughter /ward from indulging in it. I also know that, if he/she is found guilty of the offence, he/she will be summarily dismissed from the college. I undertake to make good the loss caused to the College/Staff/Student or any other person caused by any illegal act of my son /daughter /ward.
- 3) If my ward fails to complete the course within 4 and ½ years, I am liable for payment of the tuition fee for the each extra term taken by the ward and other fee as decided by the BLDE University.

Place:

Date:

Name and Signature of the Parent / Guardian

(Declaration to be signed by the guardian, only in case both father and mother of the candidate are not alive)