

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:
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Candidate's Name (BLOCK Letters) _____

Qualification _____ Percentage of marks

 %

Gender Male Female Transgender Date of Birth

 Age

Nationality / Religion _____ Community SC/ST MBC DNC BC OC OTHERS

Father's Name _____

AADHAAR No

 E-mail id _____

Name & Address of the School / College last studied

Address for Communication

_____ Pin code

Parent's Mobile No

Mobile No

Concession eligible for MERIT EX-RVS COMMUNITY SPORTS DEFENCE OTHERS

Hostel Accommodation Required? Yes No

Bus Facility Required? Yes No Place _____

Signature of the Parent

Signature of the Candidate

OFFICE USE ONLY

How did you come to know about RVS? Edu fair Digital Marketing School/ College visit Ex/ Current Student

Reference/ Phone No.	Student/ Register No.

Admission ID

Fee Amount Fixed _____

Amount Paid	Date	Balance to be paid / by date	Remarks

Director - Admissions

Director - External Affairs

Accounts Manager

CE

Principal