Bhartiya Gramin Punarrachana Sanstha's

J. K. ACADEMY OF ART AND DESIGN

KAVIKULAGURU KALIDAS SANSKRIT UNIVERSITY, RAMTEK, NAGPUR

Accredited with Grade "B++" by NAAC

(University Established by State Government of Maharashtra & UGC Recongnized u/s 2F and 128)

APPLICATION FORM FOR ADMISSION TO THE BFA / MFA

WARNING: Every entry of the form must be completed in details. Incomplete application will not be considered.

The Principal, J. K. Academy of Art and Design,

J. K. Knowledge Centre, Nadkarni Park, Near Mb. P. T. Hospital, Wadala (E), Mumbai - 400 037.

Passport Size Colour Photograph of the Candidate

I wish to apply for admission to the BFA - 1st Year, 2nd Year, 3rd Year & 4th Year / MFA - 1st Year, 2nd Year

I hereby acknowledge the rules and regulation of the University, at present in force. I give below the necessary particulars:

College from which Previous Examination Passed	Year of Passing	Seat No.	Total Marks Obtained	Percentage %	For office	use only
BFA		Suff			ADMITTED	
BVA G.D. ART - PTG.					Date:	Principal
G.D. ART - APP. ART BRIDGE COURSE	e and e service	THE RESERVE		ann ei	Fee Receipt No.:	
State Yes or No In support of the a	bove clair	ms attach	copies o	f requisite co	ertificate	

b. Sex (Female / Male) :	
Address in full or correspondence in Mumbai	
Т	el. No
Native place address: Place : Taluka : Dist Address:	State

RECEIPT

Bhartiya Gramin Punarrachana Sanstha's

J. K. ACADEMY OF ART AND DESIGN

KAVIKULAGURU KALIDAS SANSKRIT UNIVERSITY, RAMTEK, NAGPUR

Accredited with Grade "B++" by NAAC

Received an application for admission to BFA / MFA Section from :					
Shri / Smt. / Kum.;					
No. of Encl.:					
Result of admission will be out on :	The state of the s				

Date: -(Receiver's Signature)

5.	Date of Birth (With Ce	rtificate in support)	
6.		Taluka :Dist. :	State
7.	Mother Tongue	Other Language know	Uni
8.	Name of the parents :	Other Language know	
		(Surname) (First Name)	(Father's Name)
9.	Occupation of Parents	Annual Income Rs	
	Applicant's relation	Office Address ;	
	Office Tel. No.	Resi. Tel. No	Moh :
10.	Full Name of the guardi	an (If any parents are not alive):	Wisher Control of the
Addre	(Surname)	(First Name)	(Father's Name)
	The second secon	Office Tel. No	Resi. Tel. No.
	I certify that the above	particulars are true to the best of my k	(nowledge and heliaf
Plac	e:		and belief.
Date) :	A-# # # 21	
		Applicant's Signature	(Parent's or Guardian's Sign.
	I declared that I have read all	DECLARATION the Rules of admission for the year 20 ar	
a)	I have filled the forms for adm	dealer to the per vives a local	nd after understanding these rules.
b)	I do hereby acknowledge	that I am bound to all all	
	completing 40% of the total Board Examinations. I also di the above requirements from	that I am bound to attending a minimular class work, failing which I would not be eclare that the Institution would not have to my end.	m of 75% of the total lectures are allowed to appear for the Internal blame in case of failure of any of any
) (hereby agree if admitted to	confirm to the rules and and the	sent in force as that
S	made for the governance of student of the institution, I w heir governance and disciplin	vill do nothing either inside or outside the	nd I undertake that so long as I am institution and that will interfere wi
ite :			
t of th	e certificates attached to		(Signature of the Applicant)
U	e certificates attached to tertificate of Date of Birth / Le	aving Certificate	
Mi	ark list Previous Examination	n Passed	Yes / No Yes / No
77.15	wine certificate (For those)	a) issued by the competent authority who are availing the facilities of E.B.C.	Yes / No
SALE S	y mind of receshins)		Yes / No
offi	ces of the Competent Author	Creamy Layer Certificate from the respect	
			Yes / No
			(Signature of the Applicant)