

**Dr. LANKAPALLIBULLAYYAP.G.COLLEGE**  
Visakhapatnam – 530013  
**CATEGORY‘B’ADMISSIONFORM**

To  
The Secretary & Correspondent  
Dr.Lankapalli Bullayyya PG College  
Visakhapatnam

Date:

Sir,

I, request your good self to register my name and allot admission in your esteemed institution under ‘B’ Category management admissions in **M.B.A / M.C.A** for the Academic Year **2017-18**. I herewith furnish my particulars and enclose proof of educational qualifications, as prescribed:

1. Name of the Candidate  
In full BLOCKLETTERS

2. Father’s/Guardian Name

3. Date of Birth(as per SSC)

4. Permanent Residential Address  
with Tel/Mobile No.

Name of Course:

**M.B.A.**

**M.C.A.**

pl.tick relevant )

Educational Qualifications:

	Month&YearofPassing	Grade	Percentage	Total Marks
<b>SSC</b>				
<b>Intermediate</b>				
<b>Graduation</b>				

ICET-2016Particulars:

RollNo.	Rank Obtained	Whether belong to SC/ST/BC/OBC/Minority	Local/Non-local status

Enclosures Check List(in Original) :

pl.tick relevant )

1. SSC Marks Certificate ( )
2. Intermediate Marks Certificate ( )
3. ICET-2017RankCard/Hall Ticket ( )
4. Transfer Certificate ( )
5. Study Certificates ( )
6. Migration Certificate ,incase of other state ( )

Signature of the Candidate

.....( for Office Use ) .....

Verified  
Office

Forwarded  
Director, PG/Dean, CS&M

Approved for Admission  
Director(AC&CA)

**Declaration by Applicant/Parent/Guardian**

I, \_\_\_\_\_ S/o /D/o \_\_\_\_\_ being eligible and qualified for securing admission provisionally under Cat 'B" management quota for my son/daughter (Mr/Ms. in \_\_\_\_\_ Dr.L.Bullayya College PG College in **M.B.A (2-Year) /M.C.A (3-Year) Course**, commencing from the academic year 2017-18, subject to final ratification as per the norms of ICET-2017 and admission guidelines of APSCHE and State Government declare and agree to the terms of admission, rules and fees prescribed for the respective course, solemnly under take to abide to the following:

1. The total fees as prescribed for each year of study for entire period of study shall be paid by me at the beginning of each academic year or as may be communicated from time to time by the management.
2. Any upward revision or review in the fees prescribed as may be fixed from time to time by the State Govt/APSCHE/Andhra University or any statutory body shall be paid by me during the course of study.
3. The total 1<sup>st</sup> year course fees being Rs. \_\_\_\_\_ Is here with paid by me.

I/We further under take that I will not withdraw admission of my daughter during the period of studyenrolledandagreetoabidebytherulesofthemanagementinforceintheeventofwithdrawal.

I/We are aware that failure to pay the prescribed fees would result in cancellation of admission any time during the period of study and the management reserves its right to initiate appropriate action at all times and the same shall be binding onus.

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Signature of Applicant

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Signature of Parent/Guardian

Name :

Address :

Tel. :