

S. NIJALINGAPPA SUGAR INSTITUTE,

COLLEGE OF B.Sc. (SUGAR SCIENCE & TECHNOLOGY), BELAGAVI

(Affiliated to Rani Channamma University, Belagavi)

CTS.No.4125/1 B, Ganeshpur Road, Laxmi Tek, Belagavi-590 009 (Karnataka)

(O): 0831-2472464, 2472482 Email: snsi_college@yahoo.com

APPLICATION FORM FOR ADMISSION TO B.Sc. I YEAR 2025-26

PERSONAL DETAIL	<u>.s</u>				
Name of the Applica (As per Aadhar Card					РНОТО
Father's/Guardian's Name					РНОТО
Mother's Name					
Date of Birth		Gend	er		G. 32
Nationality		Religi	Religion		
Caste		Category			
Aadhaar No.					
Rural/Urban			Annua	l family Income	
Admission Quota			Mediu	m	
Income Certificate N	o		Caste (Certificate No.	
Physically disabled			Blood Group		
COMMUNICATION	DETAILS				l)
Permanent Address					
Communication Add	iress				
Email Address					
Student Mobile No.					
Parents Mobile No.					
QUALIFYING EXAM	MINATION DETAILS				
Name of the Class/ q examination last stud					
Name of the board/Universitylast studied					
Reg. No	Month & Year	Max. N	Marks	Marks Obtained	Percentage/Grade

Sl.No.	Document	Attached
1	SSLC Marks Card	
2	Qualifying Examination Marks Card(P.U.C/equivalent exam)	
3	Aadhaar Card	
4	Caste Certificate	
5	Income Certificate	
6	Eligibility Certificate (If applicable)	

DECLARATION BY CANDIDATE

I have read and I am fully conversant with all the rules and regulations of the college. In case o
violation of any rule, the college is free to initiate disciplinary action against me, and even cancel my
admission. Further, I will maintain regular attendance and discipline and abstain from practicing ragging
or indulging in agitation. My admission may cancel without any notice if I am found guilty. I am fully
aware that Receipt of Application Form does not confirm the Admission.

Attendance: As per govt. rules and University re	gulations, a minimum of 75% Attendance is
compulsory to appear for examinations.	
Date:	Signature of the candidate

DECLARATION BY THE PARENT / GUARDIAN

- 1. I agree to my son / daughter's admission to above course.
- 2. I shall be responsible for the payment of all his/her fees, dues or damages to institute property.
- 3. I shall ensure his / her good conduct and behavior during the period of his / her stay in college.
- 4. I shall ensure that my son / daughter will obey all the rules and regulations if the college & RCU.
- I am aware that the institution has to cancel the admission of my son / daughter / ward for his /her any act of indiscipline and shortage of attendance.

Date:	Signature of the parent / guardian
Place:	TO AFT TO SELECT TO SELECT TO SELECT TO SELECT THE FORM

Note: Fees once paid will not be refunded under any circumstances.

Principal Signature