



SAMS
GROUP OF INSTITUTIONS
Inspiring to Innovate

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Course Applied For : _____

Choice of Entrance Exam Centre :

1. Varanasi 2. Lucknow 3. Patna 4. Ranchi 5. Delhi 6. Siliguri 7. Kilkata

Preference 1 Preference 2 Preference 3

Course Choice :

B.A. in Tourism BCA

Instruction for the Applicant
1. Write in **Capital letters** and use **dark blue / black ball point pen** only.
2. Leave a **blank space** between words.
3. Fill up the form as per instruction mentioned in the previous page of this Application kit.

(To be filled in capital letters)

Name of Applicant : _____

Name of Father : _____

Correspondence Address

City :	District :
State :	Pin :
Mobile No.	
E-mail ID (Present/Applicant):	

Permanent Address

City :	District :
State :	Pin :
Mobile No.	
E-mail ID (Present/Applicant):	

Date of Birth : DD MM YYYY Gender : M/F

Category : GEN/SC/ST/OBC Nationality Passport Details :

Do you need Hostel Accommodation ? Yes/No Do you need Bus facility? Yes/No

Educational Qualification (Chronological Order upto highest qualification):

Examination	Year	Board / University	% of Marks	Subjects
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intermediate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you come to know about this institute :

Book Stall Forms News Paper Radio TV Internet Student Reference Family Friends
Other

DECLARATION BY APPLICANT

I _____ S/D of _____
hereby declare that I have read the Institute prospectus thoroughly and have understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and I have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to be cancelled by the Institute at any time.

_____ Date _____ Place _____ Signature of Applicant _____ Signature of Guardian _____